

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90094 027 ***158.75

DOCUMENT # P01000076572

1. Entity Name

VENEZA INVESTMENTS, INC.

Principal Place of Business

**2103 CORAL WAY STE 201
 MIAMI FL 33145**

Mailing Address

**2103 CORAL WAY STE 201
 MIAMI FL 33145**

2. Principal Place of Business

2222 Ponce de Leon Blvd

3. Mailing Address

2222 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33134

Country

Dade

Zip

33134

Country

Dade

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ACCORDINO, CARMEN A
 2103 CORAL WAY STE 201
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

Rene Dago, Jr.

Street Address (P.O. Box Number is Not Acceptable)

2222 Ponce de Leon Blvd

City

Coral Gables

FL

Zip Code

33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **Augusto Menendez**
 CITY-ST-ZIP **2222 Ponce de Leon Blvd
 Coral Gables, FL 33134**

TITLE ☐ Change ☒ Addition
 NAME **VPTD**
 STREET ADDRESS **Roa de Menendez, Maria Pilar**
 CITY-ST-ZIP **2222 Ponce de Leon Blvd
 Coral Gables, FL 33134**

TITLE ☐ Change ☒ Addition
 NAME **VPSD**
 STREET ADDRESS **Dago, Rene Jr.**
 CITY-ST-ZIP **2222 Ponce de Leon Blvd
 Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

305-443-8800
 Daytime Phone

CR2E034 (9/01)

Form **SS-4**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service**ATTACH # PO1000076572/652074****Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

VENETA INVESTMENTS, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

2103 CORAL WAY, SUITE 201

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Miami, FL 33145

5b City, state, and ZIP code

6 County and state where principal business is located

MIAMI - Dade7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 362-70-6038BLAS R. CASARES

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) ► CORPORATION☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FLORIDA

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ► REAL ESTATE INVESTMENTS☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

8/1/01

11 Closing month of accounting year (see instructions)

DECEMBER12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► APPROX. NOV. 1, 2001

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural

3

Agricultural

Household

14 Principal activity (see instructions) ► REAL ESTATE INVESTMENTS15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☒ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(305) 860-0009

Fax telephone number (include area code)

(305) 858-6050Name and title (Please type or print clearly.) ► BLAS R. CASARES (VICE PRESIDENT)

Signature

Date ► 8/28/01

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying