

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90260 024 ***150.00

DOCUMENT # P01000087114

1. Entity Name
PLENITUDE INC.

Principal Place of Business
3678 SAN SIMEON CIRCLE
WESTON FL 33331

Mailing Address
3678 SAN SIMEON CIRCLE
WESTON FL 33331

2. Principal Place of Business **3670 SAN SIMEON circle** **3. Mailing Address** **3670 SAN SIMEON circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Weston FL

City & State
Weston FL

4. FEI Number
65-1133075

Applied For
 Not Applicable

Zip **33331** **Country** **USA**

Zip **33331** **Country** **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELOSA, CLARA E
3678 SAN SIMEON CIRCLE
WESTON FL 33331

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
P
NAME **VELOSA, CLARA E**
STREET ADDRESS **3678 SAN SIMEON CIRCLE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
V
NAME **BERNAL, CAMILO**
STREET ADDRESS **3678 SAN SIMEON CIRCLE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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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: Clara Velosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/24/02 09:00 AM

CR2E034 (9/01)