## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # P03607** 1. Entity Name SANVADI INC. 01-31-2001 90179 006 \*\*\*158.75 Principal Place of Business Mailing Address 2600 SW 3RD AVE #800 PO BOX 450804 MIAMI FL 33245-0604 MIAMI FL 33129 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 98-0072863 Not Applicable Country Zip Country Zip \$8.75 Additional \_\_\_ 5.- Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACEVEDO, RALPH A. Street Address (P.O. Box Number is Not Acceptable) 2600 S.W. THIRD AVENUE STE 800 **MIAMI FL 33129** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete Change TITLE NAME NAME SANCHEZ MONTES, ANTONIO STREET ADDRESS STREET ADDRESS AV LIBERTADOR, CHACAO CITY-ST-ZIP CITY-ST-ZIP CARACAS, VENEZUELA TITLE ☐ Delete Change ☐ Addition NAME VADILLO, JOSE IGNACIO STREET ADDRESS STREET ADDRESS AV LIBERTADOR, CHACAO CITY-ST-ZIP. CITY-ST-ZIP CARACAS, VENEZUELA ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME ACEVEDO, RAFAEL ANGEL STREET ADDRESS STREET ADDRESS 819 PARADISO AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME VADILLO, INGACIO JR STREET ADDRESS STREET ADDRESS AVDA RIO CAURA, PRADOS DEL ESTE CITY-ST-ZIP CITY-ST-ZIE CARCAS VE ☐ Change ☐ Addition ☐ Delete TITLE TITLE D NAME NAME ORRO SANCHEZ, ANTONIO RICARD STREET ADDRESS STREET ADDRESS AVDA RIO CAURA PRADOS DEL ESTE CITY-ST-ZIP CITY-ST-ZIP CARACUS VE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 of supplimental 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 of trustee amount of the 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 authorizent with an other like empowered. -23-01

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR