

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34775

1. Entity Name

SOUTH CROSS RENTAL COMPANY N.V.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90106 037 \*\*\*150.00

Principal Place of Business

7370 COLLEGE PKWY  
STE 210  
FT MYERS FL 33907  
US

Mailing Address

P.O. BOX 07307  
FT MYERS FL 33919-0291

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2784518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

TERMOTTO, ROBERT J  
7370 COLLEGE PKWY  
STE 210  
FT MYERS FL 33907

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, 2000 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	CP	<input type="checkbox"/> Delete
NAME	BUSTELLO, LUIS F	
STREET ADDRESS	CASILLA N O. 39095	
CITY-ST-ZIP	COLONIA UR	
TITLE	VC	<input type="checkbox"/> Delete
NAME	GONDRAN, VERONIQUE	
STREET ADDRESS	CASILLA NO. 39095	
CITY-ST-ZIP	COLONIA UR	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	TERMOTTO, ROBERT J	
STREET ADDRESS	PO BOX 07307	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	TERMOTTO, ROBERT J.	
STREET ADDRESS	7370 COLLEGE PKWY STE 210	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTELO, LUIS F	
STREET ADDRESS	CASILLA NO. 39095	
CITY-ST-ZIP	COLONIA UR	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERMOTTO, ROBERT J	
STREET ADDRESS	P.O. BOX 07307	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert J. Termotto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

941-936-3336

Daytime Phone #

CR2E034 (9/99)