

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 31 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000027246
1. Entity Name Murano Corporation
 1111 Crandon Blvd. Unit F705
 Key Biscayne, FL. 33149

Principal Place of Business 1111 Crandon Blvd.
 Unit F705
 Key Biscayne, FL. 33149
Mailing Address

2. Principal Place of Business
 Suite, Apt. #, etc.
3. Mailing Address
 6495 SW 24 ST.
 Suite, Apt. #, etc.

City & State
 City & State
 Miami, FL. 33155
Zip **Country**
 Zip Country

4. FEI Number 65-0840175
Applied For
 Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Lisette P. Salazar, Esq.
 50 West Mashta Drive Ste. #2
 Key Biscayne, FL. 33149

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent's signature required when re-stating)
 Signature, typed or printed name of registered agent and title if applicable 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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director Angel, Lou Ann 1303 Spyglass Ln. Vero Beach, FL. 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director Angel, Carlos 1303 Spyglass Ln. Vero Beach, FL. 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director Angel, Laura 1303 Spyglass Ln. Vero Beach, FL. 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]* **X 25-07-2000 X**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #