

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000053864**

1. Entity Name

VINCENTI AND LAMPART CO.**FILED****Feb 08, 2000 8:00 am
Secretary of State**

02-08-2000 90133 003 ***150.00

Principal Place of Business

Mailing Address

444 BRICKELL AVE
SUITE 514
MIAMI FL 33131
US444 BRICKELL AVE
SUITE 514
MIAMI FL 33131-2405
US

310440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1500 Sou Remo Avenue

1500 Sou Remo Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33146

USA

33146

USA

4. FEI Number

65-0776871

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

MONTELLO, LOUIS R
777 BRICKELL AVE.
SUITE 1070
MIAMI FL 33131

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 State10. 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 PD
NAME DEUBEL BEISS, DANIEL
STREET ADDRESS C/O 444 BRICKELL AVE SUITE #514
CITY-ST-ZIP MIAMI FL 33130 ☐ DeleteTITLE VPTD
NAME STOLZKI, HEINZ
STREET ADDRESS 2000 TEQUEST POINT
CITY-ST-ZIP MIAMI FL ☐ DeleteTITLE S
NAME KUHN, BEATE
STREET ADDRESS C/O 444 BRICKELL AVENUE SUITE 514
CITY-ST-ZIP MIAMI FL 33130 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE CHAIRMAN
NAME DANIEL DEUBELBEISS
STREET ADDRESS 8505 SW 53 AVE
CITY-ST-ZIP MIAMI FL 33143 ☒ Change ☐ AdditionTITLE CHIEF EXECUTIVE OFFICER/SECRETARY
NAME IGNACIO ARAYA
STREET ADDRESS 8440 SW 114 ST
CITY-ST-ZIP MIAMI FL 33156 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-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)(l), 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

1/12/00

Date

(305) 373 3600

Daytime Phone #