

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90075 028 ***158.75

DOCUMENT # P97000056485

1. Entity Name

VIDAL, REYNARDUS & MOYA (FLORIDA), INC.

Principal Place of Business

9100 S. DADELAND BLVD
 #904
 MIAMI FL 33156
 US

Mailing Address

**VIDAL PARTNERSHIP,
 (FLORIDA) INC.
 DAVID GRONSBELL & CO.
 117 EAST 88TH STREET
 NEW YORK NY 10016-2601
 228 E. 45th ST.
 NEW YORK, NY 10017**

2. Principal Place of Business

9100 S. DADELAND BLVD.

3. Mailing Address

228 E. 45th ST.

Suite, Apt. #, etc.

***904**

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

NEW YORK N.Y.

4. FEI Number

65-0838736

Applied For

Not Applicable

Zip

33156

Country

U.S.A.

Zip

10016

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

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

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	REYNARDUS, JORGE E.	
STREET ADDRESS	201 EAST 77 ST	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOYA, JORGE R.	
STREET ADDRESS	134 GLENWOOD RD.	
CITY-ST-ZIP	ENGLEWOOD NJ 07631	
TITLE	S	<input type="checkbox"/> Delete
NAME	VIDAL, MANOLO	
STREET ADDRESS	TROY TOWERS #1510	
CITY-ST-ZIP	UNION CITY NJ 07087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAL, MANOLO	
STREET ADDRESS	TROY TOWERS #1510 228. EAST 45TH ST	
CITY-ST-ZIP	UNION CITY, N.J. 07087 NY, NY 10017	
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		
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 3/14/00

X (212) 867-5185

CR2E034 (9/99)