

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096047

(AMENDED)

1. Entity Name

ESMERALDA BAY CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 25 AM 10:52

Principal Place of Business  
~~200 South Biscayne Blvd.~~  
~~Suite 4815~~  
~~Miami, FL 33131~~

Mailing Address  
~~200 South Biscayne Blvd.~~  
~~Suite 4815~~  
~~Miami, FL 33131~~

2. Principal Place of Business  
782 N.W. Le Jeune Road  
Suite, Apt. #, etc.

3. Mailing Address  
782 Le Jeune Road  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
65-0795678

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Piero Salussolia  
200 South Biscayne Blvd.  
Suite 4815  
Miami, FL 33131

7. Name and Address of New Registered Agent

Name  
ANTONIO D. JACOMINO

Street Address (P.O. Box Number is Not Acceptable)  
782 N.W. Le Jeune Road

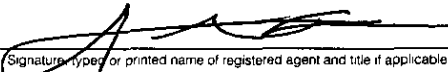
City  
Miami

FL

Zip Code  
33126

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



Antonio D. Jacomino

07/18/00

(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

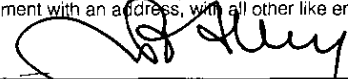
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DPTS	FUENTES, CARMEN	200 S. Biscayne Blvd. Suite 4815	Miami, FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DPTS	PATRONE, ALFREDO	Edif. Casa Italia, Av. La Industria	San Bernardino, Caracas, Venezuela	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:



Alfredo Patrone

07/18/00

(305) 442-2470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)