

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90133 023 ***158.75

DOCUMENT # P98000032544

Entity Name
BUENA VIDA DE ECHAVARRIA S.A., INC.

Principal Place of Business Mailing Address
1000 UNIVERSAL STUDIOS PLAZA C/O BELFONTE ASSOCIATES
BLDG 22A ONE HAMDEN CENTER-2319 WHITNEY AVE.
ORLANDO FL 32819 HAMDEN CT 06518



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1100 N. Ocean Drive		3. Mailing Address Suite, Apt. #, etc.	
City & State 1801, #44 Singer Island, FL		City & State	
Zip 33404	Country USA	Zip	Country
4. FEI Number 59-3534681		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GALLOWAY, GREGORY B 1000 UNIVERSAL STUDIOS PLAZA BLDG. 22A, SUITE 218 ORLANDO FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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]* **1/7/02**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ECHAVARRIA, HECTOR 7040 WELLSMERE CIRCLE ORLANDO FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 421 Avenue F Redondo Beach, CA 90277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD BELFONTE, MICHAEL 2319 WHITNEY AVENUE HAMDEN CT 06518	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2319 Whitney Ave., Suite 1A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD RAUCCI, PAUL 4100 N OCEAN DRIVE, 1801 #44 SINGER ISLAND FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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]* **1/7/02 (203) 230-1600**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)

Attachment

P98000032544/
500396

Buena Vida de Echavarria S.A., Inc.

2319 Whitney Avenue, Suite 1A
Hamden, CT 06518

Telephone: (203) 230-1600

Fax: (203) 281-3366

February 1, 2002

Uniform Business Report (Florida Dept. of State)

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Via: U.S. Mail

Re: Annual Filing

Dear Florida Dept. of State:

Enclosed please find the Uniform Business Report for the above referenced entity, along with a check for \$158.75.

Please send the Certificate of Status at your earliest convenience.

Sincerely,

Michele Pessoni

Michele Pessoni