

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052264

1. Entity Name

MIARENT CORPORATION

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90098 022 \*\*\*550.00

Principal Place of Business

2330 NW 102ND AVE. #1  
 MIAMI FL 33172

Mailing Address

2330 NW 102ND AVE. #1  
 MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MC'VEIGH, JUNE L  
 8066 SW 80 AVE  
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name **Beatriz CAJADE**

Street Address (P.O. Box Number is Not Acceptable)

**8533 SW 83 Street**

City **MIAMI**

**FL**

Zip Code **33143**

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

*Beatriz Cajade*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/28/00**

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 \$550.00**

**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **PD** ☒ Delete  
 NAME **BELLO VICENTINI, GUILLERMO**  
 STREET ADDRESS **8440 SW 83 ST**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **VD** ☒ Delete  
 NAME **BELLO VICENTINI, GUILLERMO**  
 STREET ADDRESS **8450 SW 83 ST**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **S** ☒ Delete  
 NAME **BELLO VICENTINI, ALFREDO**  
 STREET ADDRESS **6TA AV QTA BELLITA ALTAMIRA**  
 CITY-ST-ZIP **CARACAS VENEZUELA**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition  
 NAME **Bello Vicentini, Mercedes**  
 STREET ADDRESS **8216 SW 81 Terrace**  
 CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **Bello Belamcunt, Guillermo**  
 STREET ADDRESS **8450 SW 83 Street**  
 CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **S** ☐ Change ☒ Addition  
 NAME **ORLANDO GONCALVES DA SILVA**  
 STREET ADDRESS **8216 SW 81 Terrace**  
 CITY-ST-ZIP **MIAMI, FL 33143**

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

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

TITLE ☐ Change ☐ 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:

*Guillermo Bello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 13 (305) 542 2041**

Date

Daytime Phone #

CR2E034 (5/00)