

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000084496

1. Entity Name

PEOPLE'S SUCCESS INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

690 SE 15 St. #202

3. Mailing Address

690 SE 15 St. #202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA, FL

City & State

DANIA, FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. FEI Number

65-0867778

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CARLOS F. MONTANA

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

690 SE 15 St. #202

City

DANIA

FL

Zip Code

33004

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

10-11/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CARLOS F. MONTANA	
STREET ADDRESS	690 SE 15 St. #202	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM R. CUELLAR	
STREET ADDRESS	AV. CRA. 68 #75A-50 L.109	
CITY-ST-ZIP	SANTA FE DE BOGOTA, COLOMBIA	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM R. MONTANA	
STREET ADDRESS	AV. CRA. 68 #75A-50 L.109	
CITY-ST-ZIP	BOGOTA, COLOMBIA	
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		

REINSTATEMENT 2000

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-11/01/00--01062-010

****758.75 ****758.75

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 I am empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

10-11/00 (305) 283-9242

Date

Daytime Phone #

CR2E034 (5/00)