

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90197 004 ***150.00

655946

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000086879

1. Entity Name
 Brunato, Inc.

Principal Place of Business **Mailing Address**
 10201 Hammocks Blvd. Suite #153-432
 Miami, Florida 33196

2. Principal Place of Business **3. Mailing Address**
 2301 Collins Ave 2301 Collins Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Apt 1409 Apt. 1409

City & State **City & State**
 Miami Beach Miami Beach

Zip **Country** **Zip** **Country**
 33139 USA 33139 USA

4. FEI Number **Applied For**
 65-0881203 Not Applicable

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

6. Name and Address of Current Registered Agent
 Echandia Uribe, Adriana Maria
 2301 Collins Ave. Apt 1409
 Miami Beach, Florida

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 PD <input type="checkbox"/> Delete	NAME Echandia Uribe, Adriana Maria
STREET ADDRESS 2301 Collins Ave, Apt 1409	CITY-ST-ZIP Miami Beach, Florida
TITLE VSTD <input type="checkbox"/> Delete	NAME Usuga, Gustavo
STREET ADDRESS 2301 Collins Ave, Apt 1409	CITY-ST-ZIP Miami Beach, Florida
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	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 <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: *GUSTAVO USUGA* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #

CR2E034 (9/99)