

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90104 021 \*\*\*150.00

<b>DOCUMENT #</b> P98000100040			
1. Entity Name			
2330 PONCE CORP.			
Principal Place of Business		Mailing Address	
1643 BRICKELL AVENUE APT #2305 MIAMI, FL 33129			
2. Principal Place of Business		3. Mailing Address	
2100 PONCE DE LEON BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
# 601			
City & State		City & State	
CORAL GABLES, FLORIDA			
Zip	Country	Zip	Country
33134			
4. FEI Number		Applied For	
65-0895542		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CORPO, INC. 2699 SOUTH BAYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133			
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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11...	
TITLE	PD	TITLE	
NAME	SAIDEN, AMIN	NAME	
STREET ADDRESS	1643 BRICKELL AVENUE, #2305	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33129	CITY - ST - ZIP	
TITLE	SD	TITLE	
NAME	SAIDEN, SILVIA D.	NAME	
STREET ADDRESS	1643 BRICKELL AVENUE, #2305	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33129	CITY - ST - ZIP	
TITLE	TD	TITLE	
NAME	DE NAVARRO, SILVIA SAIDEN	NAME	
STREET ADDRESS	1643 BRICKELL AVENUE, #2305	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33129	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <i>Cherian Saïden</i>		President 4/26/00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

00055809

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)