

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90308 026 \*\*\*150.00

DOCUMENT # **P 99 0000 19055**  
 Entity Name  
**PUESTEL CORP**

Principal Place of Business  
**2999 N. E. 191ST ST.**  
**PH 8**  
**FL 33180**

Mailing Address  
**2999 N. E. 191ST ST.**  
**PH 8**  
**AVENTURA FL 33180-3117**

**80092799**

Principal Place of Business  
**3001 W HALLANDALE BCH BLVD**  
 Suite, Apt. #, etc  
**3RD FLOOR**  
 City & State  
**HALLANDALE, FL**  
 Zip  
**33009**  
 Country  
**USA**

3. Mailing Address  
**3001 W HALLANDALE BCH BLVD**  
 Suite, Apt. #, etc  
**3RD FLOOR**  
 City & State  
**HALLANDALE, FL**  
 Zip  
**33009**  
 Country  
**USA**

4. FEI Number  
**65-0914384**  
 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  
**DEL MEDICO, REBECCA J ESQ.**  
**14 TARA LAKES DRIVE EAST**  
**BOYNTON BEACH FL 33436**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP</b> <b>PEREIRA, CAMILO</b> <b>2999 N. E. 191ST ST./PH 8</b> <b>AVENTURA FL 33180</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/S</b> <b>PEREIRA, MAXINE</b> <b>2999 N. E. 191ST ST./PH 8</b> <b>AVENTURA FL 33180</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>WAINER, CHARLES</b> <b>2534 NE 206 TERR.</b> <b>MIAMI FL 33180</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>MAGILL, THOMAS</b> <b>3301 SO OCEAN BLVD #306</b> <b>HIGHLAND BEACH, FL 33487</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>SCAFIDI, JOHN</b> <b>8160 SW 192 STREET</b> <b>MIAMI FL 33157</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Thomas K. Magill** **THOMAS K. MAGILL** **04/27/00** **954-457-0900**