

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90461 034 ***550.00

DOCUMENT # P99000022928

1. Entity Name

First Venservices Corp.

Principal Place of Business	Mailing Address
9200 So. Dadeland Blvd. Suite 603 Miami, FL 33156	9200 So. Dadeland Blvd. Suite 603 Miami, FL 33156

2. Principal Place of Business 13054 S.W. 133rd Ct. Suite, Apt. #, etc.	3. Mailing Address 13054 S.W. 133rd Ct. Suite, Apt. #, etc.
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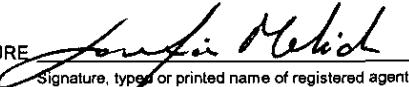
City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0903417	Applied For Not Applicable
Zip 33186	Country USA	Zip 33186	Country USA

00068217

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Cuevas, Andrew Esq. 9200 So. Dadeland Blvd., Suite 603 Miami, FL 33156	7. Name and Address of New Registered Agent Name Kleber de Melich, Josefina Street Address (P.O. Box Number is Not Acceptable) 13830 S.W. 112th St. Suite 104 City Miami FL Zip Code 33186
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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  Josefina Kleber de Melich 06/28/2000
 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 checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Melich, Gabriel <input type="checkbox"/> Delete 9200 So. Dadeland Blvd., Suite 603 Miami, FL 33156	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13830 S.W. 112th St. Suite 104 Miami, FL 33186-3217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V/S Kleber de Melich, Josefina <input type="checkbox"/> Delete 9200 So. Dadeland Blvd., Suite 603 Miami, FL 33156	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13830 S.W. 112th St. Suite 104 Miami, FL 33186-3217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  Gabriel Melich 6/28/2000 305-752-7480
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #