

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90005 035 ***158.75

DOCUMENT # P99000023041

1. Entity Name

S & R INTERNATIONAL PROPERTIES INC.

Principal Place of Business

965 BRIAR RIDGE ROAD
WESTON FL 33327

Mailing Address

965 BRIAR RIDGE ROAD
WESTON FL 33327-1706

2. Principal Place of Business

3. Mailing Address

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 240

City & State

City & State

Coral Gables, FL

Zip

Country

Zip

Country

33134

USA

4. FEI Number

65-0902509

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

FENWARTH, OTTO
965 BRIAR RIDGE ROAD
WESTON FL 33327

Name GABRIEL PRATS

Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd. #240

City Coral Gables

FL

33134

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]

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME YEPES, HERNAN
STREET ADDRESS 625 OAKS DR., PALM AIR CCC, BLDG 105 #808
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME FENWARTH, OTTO
STREET ADDRESS 965 BRIAR RIDGE ROAD
CITY-ST-ZIP WESTON FL 33327

TITLE VD ☒ Change ☐ Addition
NAME LASPRILLA, MARTHA
STREET ADDRESS 625 OAKS DR., PALM AIR CCC, Bldg 105 #808
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE SD ☐ Delete
NAME LASPRILLA, MARTHA
STREET ADDRESS 625 OAKS DR., PALM AIR CCC, BLDG 105 #808
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE SD ☐ Change ☒ Addition
NAME YEPES FABIOLA
STREET ADDRESS 625 OAKS DR., PALM AIR CCC, Bldg 105 #808
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE TD ☒ Delete
NAME VILLAFANE, GERARDO
STREET ADDRESS 625 OAKS DR., PALM AIR CCC, BLDG 105 #808
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE TD ☐ Change ☒ Addition
NAME YEPES, CAROLINA
STREET ADDRESS 625 OAKS DR., PALM AIR CCC BLDG 105 #808
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERNAN YEPES

1/27/00

Date

(954) 3890943

Daytime Phone #

CR2E034 (9/99)