

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90058 045 ***150.00

DOCUMENT # **P99000040431**
 1. Entity Name
1 Hemisphere Venture Group, Inc
F/K/A AMIGAS VENTURE GROUP, Inc.

Principal Place of Business Mailing Address
540 NW 165 Street Road, #300
Miami, FL 33169

2. Principal Place of Business 3. Mailing Address
540 NW 165 Street Road **(Same)**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
300 **(Same)**
 City & State City & State
Miami, FL **(Same)**
 Zip Country Zip Country
33169 U.S.A. **Same (Same)**

770759
 DO NOT WRITE IN THIS SPACE
 4. FEI Number **65-0949645** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jose F. MATTO
5600 NW 36 Street, #104
Miami, FL 33159

7. Name and Address of New Registered Agent
 Name **JOSE F. MATTO**
 Street Address (P.O. Box Number is Not Acceptable)
540 NW 165 Street Road
 City **Miami** FL Zip Code **33169**

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, 2001, 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	JOSE F. MATTO DP <input type="checkbox"/> Delete P.O. Box 590750 Miami, FL 33159-0750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENRY YANIZ, JR. USD <input checked="" type="checkbox"/> Delete 4770 Biscayne Blvd #700 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RANDOLPH McKEAN DT <input checked="" type="checkbox"/> Delete 4700 Biscayne Blvd #700 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAUL FRAYND D <input type="checkbox"/> Delete 4770 Biscayne Blvd #700 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE McKEAN D <input checked="" type="checkbox"/> Delete 4770 Biscayne Blvd, 700 Miami, FL 33137
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	JOSE F. MATTO, DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 540 NW 165 Street Rd, #300 Miami, FL 33169
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	SAUL FRAYND Director, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 540 NW 165 Street Rd, #300 Miami, FL 33169
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

3. 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]** **4/27/01 305-945-0315**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)