

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90034 018 ***150.00

DOCUMENT # P99000047405 ✓
 1. Entity Name
Verimelsa Import & Export Corporation ✓
DBA - Millennium Glass

Principal Place of Business Mailing Address
7319 NW 46 ST 7319 NW 46 St
Miami, FL 33166 Miami, FL 33166

2. Principal Place of Business 3. Mailing Address
7319 NW 46 St 7319 NW 46 St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Miami, FL Miami, FL
 City & State City & State
33166 USA 33166 USA
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Maite Hoyos, P.A.
1101 Brickell Ave suite 704
Miami, FL 33131
Tel: 305-371-2132

4. FEI Number 65-0921575 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name Maite Hoyos, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Ave suite 704
 City Miami FL Zip Code 33131

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 | <u>President</u> <u>Maria Elena Torres</u> <u>1550 Brickell Ave Apt 214B</u> <u>Miami, FL 33129</u> | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Vice President</u> <u>Fernando Galarraga</u> <u>1550 Brickell Ave Apt 214B</u> <u>Miami, FL 33129</u> | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| 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 | <u>President</u> <u>Patricio G. Salgado</u> <u>1925 SW 186 Ter</u> <u>Miami, FL 33157</u> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Vice-President</u> <u>Maria Elena Torres</u> <u>5670 NW 116 Ave #223</u> <u>Miami, FL 33178</u> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Secretary</u> <u>Fernando Galarraga</u> <u>5670 NW 116 Ave #223</u> <u>Miami, FL 33178</u> | <input checked="" 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 |
| 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: [Signature] 4/27/00 305-593-0890
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)