

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073613
1. Entity Name
Pinolandia Envios Corporation

FILED
Sep 18, 2000 8:00 am
Secretary of State
09-18-2000 90042 039 ***150.00

Principal Place of Business Mailing Address
119 N.W. 12th Avenue
Miami, FL. 33128

00087211

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable
Apply for
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
Leon, Pablo
119 N.W. 12th Avenue
Miami, FL. 33128
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
Leon, Pablo		NAME			
119 N.W. 12th Avenue		STREET ADDRESS			
Miami, FL. 33128		CITY-ST-ZIP			
SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
Arley Gonzalez		NAME			
119 N.W. 12th Avenue		STREET ADDRESS			
Miami, FL. 33128		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
		NAME			
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		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			

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) DATE Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

Attachment
DH#P99000073613
DOD 87211

*Pinolandia Envios Corporation, Inc.
119 NW 12th Avenue
Miami, Fl. 33128*

September 14, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: Pinolandia Envios Corporation
Document Number: P99000073613
Form: 2000 Uniform Business Report (UBR)

Gentleman:

The Annual Report form for the year 2000 was never received by our company.

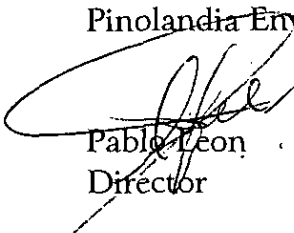
Enclosed please find type form for the report with the check to Secretary of State in the amount of \$ 150.00 to cover the fees.

Please abate any penalties since we never received the report.

Thanking you for your attention in this matter.

Cordially

Pinolandia Envios Corporation



Pablo Leon
Director