

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079290

1. Entity Name

THE VENEZUELAN BRIDGE USA INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90049 030 ***150.00

823321



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O SAEZ LEON URDANETA CALZADILLA ET AL
888 BRICKELL AVE., 5TH FLOOR
MIAMI FL 33131

Mailing Address
C/O SAEZ LEON URDANETA CALZADILLA ET AL
888 BRICKELL AVE., 5TH FLOOR
MIAMI FL 33131-2913

2. Principal Place of Business
12540 N.W. 20th Street
Suite, Apt. #, etc.

3. Mailing Address
12540 N.W. 20 Street
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
65-0955834

Applied For
Not Applicable

Zip
33028

Country
U.S.A.

Zip
33028

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URDANETA, JUAN V
888 BRICKELL AVE., 5TH FLOOR
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
	D	URRIBARRI, JESUS	888 BRICKELL AVE., 5TH FLOOR MIAMI FL 33131	<input type="checkbox"/>
	D	PAZ DE URRIBARRI, MAGLENY	888 BRICKELL AVE., 5TH FLOOR MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)