## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000091341 Apr 10, 2000 8:00 am Secretary of State VIDASEGURA.COM, INC. 04-10-2000 90018 016 \*\*\*150.00 Principal Place of Business Mailing Address 100 S.E. 2 STREET 100 S.E. 2 STREET **SUITE 3850** SUITE 3850 MIAMI FL 33131-2148 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 1770 Biscource Blvd. 180 10-Suite, Apt. #, etc. STREET Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State MIAMI MIAM Not Applicable Country Zip 33137 \$8.75 Additional Zip 5. Certificate of Status Desired SA Fee Required 33137 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Barro EONARDO BRITO, LEONARDO F P.A. ess (P.O. Box Number is Not Acceptable) NATIONSBANK TOWER 100 SE 2ND STREET SUITE 3850 MIAMI FL 33131 Zip Code 33137 MIAM 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 SIGNATIVE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE BRITO ALICEA, LOREYNE NAME LEONARDO NAME 4770 Biscaigne Blud Ste. 700 100 S.E. 2 STREET SUITE 3850 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Addition ☐ Delete TITLE ARIEL BENTATA NAME NAME 4770 BISTOLINE BLID. Ste. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ALEX GUENOUN NAME 4770 BISCOUTNEBILD. Ste. 700 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 supplied ental 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 of 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.

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR