2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000101802** VENETA SYSTEMS USA, INC. 02-15-2000 90045 026 ***150.00 Mailing Address Principal Place of Business 400 SW 107 AVE STE 300 400 SW 107 AVE STE 300 MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0963 596 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOSE BERTRAN. Street Address (P.O. Box Number is Not Acceptable) BERTRAN, JOSE L 1120 NW 124 PLACE $\mathcal{N}_{*}\mathcal{U}_{*}$ **MIAMI FL 33182** its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub SIGNATURE DATE nature required when reinstating) Signature type FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Int Tax filing requirement and elects to do so. ligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE BERTRAM JOSE L NAME NAME STREET ADDRESS 1120 NW 124 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33182** Change ☐ Addition $\overline{\nu P}$ TITLE ☐ Delete TITLE ECHEGARAY ECHEGARAY, ZAHIRA NAME STREET ADDRESS 1120 NW 124 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33182 ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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 true 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 a laddress, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

207-4240