

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103109

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90116 035 \*\*\*550.00

1. Entity Name  
**AGUDEL CORPORATION**

Principal Place of Business  
**ARROYO 863-14 A**  
**1007 BUENOS AIRES, ARGENTINA**

Mailing Address  
**ARROYO 863-14 A**  
**1007 BUENOS AIRES, ARGENTINA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FET Number  
**65-0962263**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHIFFMAN, ADAM R**  
**2999 N.E. 191ST ST., STE. 900**  
**AVENTURA FL 33180**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>VARSI, JUAN JOSE</b>	
STREET ADDRESS	<b>ARROYO 863-14 A</b>	
CITY-ST-ZIP	<b>1007 BUENOS AIRES, ARGENTINA</b>	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	<b>VARSI, ERCILIO R</b>	
STREET ADDRESS	<b>ARROYO 863-14 A</b>	
CITY-ST-ZIP	<b>1007 BUENOS AIRES, ARGENTINA</b>	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	<b>VARSI, MARIA CLAUDINA</b>	
STREET ADDRESS	<b>ARROYO 863-14 A</b>	
CITY-ST-ZIP	<b>1007 BUENOS AIRES, ARGENTINA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Juan Varsi  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6/26/2000** Daytime Phone #: **(305) 682-1528**

CR2E034 (9/99)