2000 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Oelete

☐ Delete

12.

TITLE

NAME

TITLE

MAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

City & State

Zip

DOCUMENT # **P99000104408** -1. Entity Name ORACULO DE VIDA.COM. INC. Mailing Address Principal Place of Business C/O SAEZ LEON URDANETA CALZADILLA & PEREZ-C/O SAEZ LEON URDANETA CALZADILLA & PEREZ-BURELLI. 888 BRICKELL AVE., 5TH FLOOR BURELLI, 888 BRICKELL AVE., 5TH FLOOR MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address

Country

LEON, ALBERTO A ESO

MIAMI FL 33131

(See criteria on back)

888 BRICKELL AVE., 5TH FLOOR

9. This corporation is eligible to satisfy its Intangible

PERAZA, JULIO CESAR P

888 BRICKELL AVE., 5TH FLOOR

888 BRICKELL AVE., 5TH FLOOR

Tax filing requirement and elects to do so.

MIAMI FL 33131

MIAMI FL 33131

DE VRIES, ROBERTO

BONANO, EVARISTO J

6719-D ACADEMY RD. N.E.

ALBUQUERQUE NM 87109

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

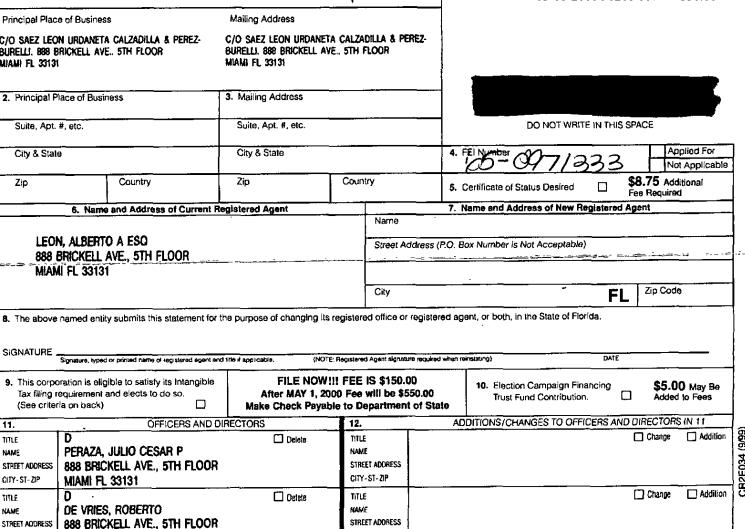
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FILED Jun 19, 2000 8:00 am Secretary of State

05-08-2000 90208 007 ***150.00



Change Addition TÜÜF ☐ Defete ĨſĨŧĒ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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 equired by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if the plant of the corporation of the receiver or trustee empowered to execute this report as equired by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if the plant of the receiver of the receiver or trustee empowered to execute this report as equired by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if the plant of the receiver of the receiver or trustee empowered to execute this report as equired by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if the plant of the receiver or trustee empowered to execute this report as equired by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if the plant of the receiver or trustee empowered to execute this report as equired by Chapter 607. changed, or on an attachment with an address c/o Alberto A. Leon, Esq

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SIGNATURE: 也

305-358-0028

Davtime Phone (

☐ Change

Addition