

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104408

1. Entity Name

ORACULO DE VIDA.COM, INC.

Principal Place of Business

BURELLI, 888 BRICKELL AVE., 5TH FLOOR  
MIAMI FL 33131

Mailing Address

BURELLI, 888 BRICKELL AVE., 5TH FLOOR  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0971333

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

LEON, ALBERTO A ESQ  
888 BRICKELL AVE., 5TH FLOOR  
MIAMI FL 33131

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

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

(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, 2001 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 D ☐ Delete  
NAME PERAZA, JULIO CESAR P  
STREET ADDRESS 888 BRICKELL AVE., 5TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete  
NAME DE VRIES, ROBERTO  
STREET ADDRESS 888 BRICKELL AVE., 5TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☒ Delete  
NAME BONANO, EVARISTO J  
STREET ADDRESS 6719-D ACADEMY RD. N.E.  
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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, 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 #

4/24/01 (305) 358-0028

FILED

01 MAY 25 AM 11:03

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

600004480856--0  
-07/17/01--01085-013  
\*\*\*\*150.00 \*\*\*\*150.00

*[Handwritten Signature]*