

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000106017**

1. Entity Name

VENESOL, INC.**FILED**
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90010 017 ***550.00

Principal Place of Business

8390 SOUTHWEST 100 STREET
MIAMI FL 33156

Mailing Address

8390 SOUTHWEST 100 STREET
MIAMI FL 33156

2. Principal Place of Business

8390 S.W. 100 St
Suite, Apt. #, etc.

3. Mailing Address

P. O. Box #521387
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FLCity & State
Miami, FL4. FEI Number
65-0965996Applied For
☐ Not ApplicableZip
33156Country
USAZip
33152Country
USA5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
JOSE R. MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
9220 S.W. 35 StCity
MIAMI **FL** Zip Code
33165

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

JOSE R. MARTINEZ - PRESIDENT**June 26, 2000**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARTINEZ, JOSE R
8390 SOUTHWEST 100 STREET
MIAMI FL 33156 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GARCIA, VIVIAN
8390 SOUTHWEST 100 STREET
MIAMI FL 33156 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LUGO, LUPE
8390 SOUTHWEST 100 STREET
MIAMI FL 33156 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**June 26, 2000 (305) 871-5768**

Date

Daytime Phone #