

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107219

1. Entity Name
VENDUCON, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90095 043 ***158.75

Principal Place of Business Mailing Address
780 NORTHWEST LEJEUNE ROAD **780 NORTHWEST LEJEUNE ROAD**
SUITE 516 **SUITE 516**
MIAMI FL 33126 **MIAMI FL 33126**

00043000



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. FEI Number Applied For
05-0966300 Not Applicable

5. 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: **Aurelio Piedra**
Street Address (P.O. Box Numbers Not Acceptable): **780 NW Le Jeune #516**
City: **Miami** FL Zip Code: **33126**

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: _____ DATE: **3-22-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD CANIZALEZ, HECTOR C 780 NORTHWEST LEJEUNE ROAD SUITE 516 MIAMI FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GUEDEZ, ENRIQUE C 780 NORTHWEST LEJEUNE ROAD SUITE 516 MIAMI FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANIZALEZ, HECTOR C 780 NORTHWEST LEJEUNE ROAD SUITE 516 MIAMI FL 33126 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASTELLANOS G. HECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 780 N.W. LEJEUNE RD #516 MIAMI, FL. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CASTELLANOS C. ENRIQUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 780 N.W. LE JEUNE RD #516 MIAMI, FL. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTELLANOS C. HECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 780 N.W. LE JEUNE RD #516 MIAMI, FL. 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **3/22/00** (305) 443-7122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #