

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66400

1. Entity Name

FLORENCE INVESTMENT INC.

Principal Place of Business

280 BAL CROSS DR.
BAL HARBOUR FL 33154

Mailing Address

280 BAL CROSS DR.
BAL HARBOUR FL 33154

2. Principal Place of Business

3. Mailing Address

c/o ALBERNI T ALBERNI P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4649 PONCE DE LEON BLD #404

City & State

City & State

CORAL GABLES FL

Zip

Country

Zip

Country

33146

DADE

4. FEI Number

65-0339082

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

FILED
DIVISION OF CORPORATION
00 SEP 25 AM 10:58

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGUILERA, GUIDO A.
815 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME DP
STREET ADDRESS DE PUEYO, FLORENCIA R.
CITY-ST-ZIP CALLE SAN FRANCISCO
CARACAS, VENEZUELA

TITLE Change Addition
NAME 300003415893--B
STREET ADDRESS -10/05/00--01121--002
CITY-ST-ZIP ****750.00 ****750.00

TITLE Delete
NAME D
STREET ADDRESS ALEJANDRO, PUEYO RUIZ
CITY-ST-ZIP CALLE SAN FRANCISCO
CARACAS VE

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME D
STREET ADDRESS ROSA MARIA, PUEYO RUIZ
CITY-ST-ZIP CALLE SAN FRANCISCO
CARACAS VE

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORENCIA DE PUEYO

Date

9/22/00 (305) 662-7272

Daytime Phone #

CR2E034 (5/00)