

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90012 018 ***150.00

DOCUMENT # V17824

1. Entity Name

CAMPOLIETO CORPORATION

Principal Place of Business

2361/65 W 52 ST
 HIALEAH FL 33016
 US

Mailing Address

6450 COLLINS AVE
 1002
 MIAMI BEACH FL 33141-4603
 US

2. Principal Place of Business

2361-65 W 52 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

SAME

City & State

HIALEAH, FLA.

City & State

SAME

4. FEI Number

65-0325082

Applied For

Not Applicable

Zip

33016

Country

MIAMI-DADE

Zip

SAME

Country

SAME

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAMPOLIETO, JOSE MARIA
 6450 COLLINS AVE
 APT. 1002
 MIAMI BCH. FL 33141

7. Name and Address of New Registered Agent

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, 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	<input type="checkbox"/> Delete
PD	CAMPOLIETO, JOSE MARIA	6450 COLLINS AVE., #1002	MIAMI BCH FL	<input type="checkbox"/>
VPS	CAMPOLIETO, ALICIA NOEMI B	6450 COLLINS AVE., #1002	MIAMI BCH. FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

PREVIENT

JAN 27 2000

Date

Daytime Phone #

821-3080