

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2000 8:00 am**
Secretary of State

03-07-2000 90088 004 ***150.00

DOCUMENT # V56470

1. Entity Name

VENAMERICA MACHINERY, INC.

Principal Place of Business

7675 N.W. 12 STREET
MIAMI FL 33126

Mailing Address

790 NW 107 AVE.
MIAMI FL 33172-3130
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

790 NW 107 Avenue

105

MIAMI FL

33172



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0357312

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

KRAVITZ, HAROLD P.
7600 W 20TH AVE #223
HIALEAH FL 33016

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	BELLOSTA, JOSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
7675 NW 2TH ST.			790 NW 107 Avenue - suite 105
MIAMI FL			MIAMI, FL 33172
DST	BELLOSTA, CARLOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
7675 NW 12TH ST			790 NW 107 Avenue - suite 105
MIAMI FL			MIAMI FL 33172
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

2/9/00

Daytime Phone #

305-554-5222

CR2E034 (9/99)