

**2000 UNIFORM BUSINESS REPORT (UBR)**

0196983

**DOCUMENT # 455832**

1. Entity Name  
**ST. PHILLIPS INV. CO., INC.**

APPROVED  
AND  
FILED

00 NOV -8 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
3400 ONE BISCAYNE TOWER 3400 ONE BISCAYNE TOWER  
2 S. BISCAYNE BLVD. 2 S. BISCAYNE BLVD.  
MIAMI FL 33131 MIAMI FL 33131-1806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2024854** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**VALDES-FAULI CORP SVCS INC  
ONE BISCAYNE TWR STE 3400  
2 SO BISCAYNE BLVD  
MIAMI FLORIDA FL 33131**

7. Name and Address of New Registered Agent  
Name **RJVF Corporate Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**c/o Steel Hector & Davis**  
**200 South Biscayne Blvd., Suite #4100**  
City **Miami** FL Zip Code **33131**

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)* **(Raul J. Valdes-Fauli)** DATE **11/6/00**  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DE GUTIERREZ, BERTA</b>
STREET ADDRESS	<b>2 S BISCAYNE BLVD. #3400</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>
TITLE	<b>PS</b> <input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, JULIAN</b>
STREET ADDRESS	<b>2 S BISCAYNE BLVD. #3400</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>
TITLE	<b>DT</b> <input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, ANA</b>
STREET ADDRESS	<b>2 S BISCAYNE BLVD. #3400</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, MIGUEL</b>
STREET ADDRESS	<b>2 S BISCAYNE BLVD. #3400</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT 2000**

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)* **JULIAN GUTIERREZ B** Date Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)