

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90204 017 \*\*\*150.00

**DOCUMENT # F48028**

1. Entity Name  
**RANCH INVESTMENTS, INC.**

Principal Place of Business

550 BILTMORE WAY  
 #1110  
 CORAL GABLES FL 33134  
 US

Mailing Address

550 BILTMORE WAY  
 #1110  
 CORAL GABLES FL 33134-5721  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2136779

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

**WEISENFELD, JOSEPH J**  
**550 BILTMORE WAY**  
**STE 1120**  
**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 \$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	PD	<input type="checkbox"/> Delete
NAME	ECKSTEIN, BERNARD	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STERN, RODOLFO	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HORWITZ, ROBERTO	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SERVIANSKY, DAVID	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STERN, EDUARDO	
STREET ADDRESS	550 BILTMORE WAY #1110	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**RODOLFO STERN**  
 VP.

Date

2/11/00 305-461-2440

Daytime Phone #

CR2E034 (9/99)