

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90039 048 \*\*\*150.00

**DOCUMENT # P15051**

1. Entity Name

**INVESTMENT 237 S.A.**

AU020000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

CALLE 53 Y AV. SAMUEL LEWIS RD  
 PANAMA CITY  
 PA

980 N. FEDERAL HIGHWAY  
 #312  
 BOCA RATON FL 33432-2704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2815917**

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

7. Name and Address of New Registered Agent

**JAMES, RANDOLPH H.**  
**980 N. FEDERAL HWY 312**  
**BOCA RATON FL 33432**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARQUEZ, LORENZO</b>	
STREET ADDRESS	<b>%CALLE 53 Y AV.</b>	
CITY-ST-ZIP	<b>PANAMA CITY, PANAMA</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIVERA, MIRIAM</b>	
STREET ADDRESS	<b>%CALLE 53 Y AV.</b>	
CITY-ST-ZIP	<b>PANAMA CITY, PANAMA</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEABRAHMS, MARITZA</b>	
STREET ADDRESS	<b>%CALLE 53 Y AV.</b>	
CITY-ST-ZIP	<b>PANAMA CITY, PANAMA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JURGENS, FRANK</b>	
STREET ADDRESS	<b>AVENIDA URDANETA</b>	
CITY-ST-ZIP	<b>VENEZUELA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JURGENS, FRANK, JR.</b>	
STREET ADDRESS	<b>AVENIDA URDANETA</b>	
CITY-ST-ZIP	<b>VENEZUELA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>Carlos Cordido</b>	
STREET ADDRESS	<b>Avenida Urdaneta</b>	
CITY-ST-ZIP	<b>Venezuela</b>	

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	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lourdes de Jurgens</b>	
STREET ADDRESS	<b>Av. Urdaneta Venezuela</b>	
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

Date

Daytime Phone #

**FRANK JURGENS** Jan 19 2000 +582561254

01/14/1999