2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2960 SW 11TH ST.

P95000006396 DOCUMENT

1. Entity Name

2960 SW 11TH ST.

Principal Place of Business

GREAT INVESTMENTS, INC.

GOO WE THE

FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90229 038 ***150.00

MIAMI FL 33135		2960 SW 11TH ST. MIAMI FL 33135		, 5525815			
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2. Principal	Place of Business	3. Mailing Address		<u></u> [001/1 20/10 01/03 11/12 10/10 01/1 103/		
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MA	KING CHANGES		
Gity & State				4:- FEI Number 65-0584036	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 Registe			
CDUZ AF	ONALDO ID		Name	3			
	RNALDO JR.	'	Street Address	dress (P.O. Box Number is Not Acceptable)			
	11TH ST.		Oli Cot Addict	ss (1.0. box Number is Not Acceptable)			
MIAMI FL	33135						
			City		FL Zip Code		
8. The above the obligation	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I			
SIGNATURE							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requ	lired when reinstating) D/	ATE .		
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State	1	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS	DS CRUZ, ARNALDO JR. 2960 SW 11TH ST.	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition		
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP		700		
TITLE NAME STREET ADDRESS	P CRUZ, ARNALDO 2960 SW 11TH ST	☐ Delete	TITLE NAME		Change Addition		

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	SIGNATURE	Signature, typed or printed name of registered agent and title if appl	licable. (NOTE:	Registered Agent signature required	d when reinstating)	DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CRUZ, ARNALDO JR. 2960 SW 11TH ST. CITY-ST-ZIP TITLE NAME CRUZ, ARNALDO STREET ADDRESS CITY-ST-ZIP TITLE NAME CRUZ, ARNALDO STREET ADDRESS CITY-ST-ZIP TITLE NAME CRUZ, ARNALDO STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME CHange Addition Addition Change Addition Addition Change Addition Addition Change Change Addition Change	Afte	er May 1, 2003 Fee will be \$550.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME TITLE NAME Change Addition Addition Change Addition NAME Addition Change Addition NAME	10.		RS	11.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 11
NAME CRUZ, ARNALDO STREET ADDRESS 2960 SW 11TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33135 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST	NAME STREET ADDRESS	CRUZ, ARNALDO JR. 2960 SW 11TH ST. MIAMI FL 33135	☐ Delete	NAME STREET ADDRESS			Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME Delete TITLE NAME NAME TITLE NAME NAME TITLE NAME NAME	NAME STREET ADDRESS	CRUZ, ARNALDO 2960 SW 11TH ST.	☐ Delete	NAME STREET ADDRESS		☐ Change	Addition
NAME CARREST Addition NAME	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change	Addition
TITLE IDelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S	NAME STREET ADDRESS	,	☐ Delete	NAME STREET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(iii) Florida Statutes I further certify the exemption stated in Section 119 07(3)(iii) Flo	NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		NAME STREET ADDRESS CITY-ST-ZIP			☐ Addition

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 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