

2001 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # P97000002608

1. Entity Name

BANAL INVESTMENTS CORP.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90187 050 ***150.00

Principal Place of Business 701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131-2851	Mailing Address 701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131-2851
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0723613	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SULLIVAN, JOHN S 701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131-2851	
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7. Name and Address of New Registered Agent Name CT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
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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 *Vicky Goldstein* **VICKY GOLDSTEIN**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
SPECIAL ASSISTANT SECRETARY DATE 4/27/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN S 701 BRICKELL AVEN, STE 850 MIAMI FL 33131-2851 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Javier De Otaduy Plaza 257 North 2nd St, Suite 200 98000 Montecarlo Monaco ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RESIDENCE PARK SAINT ROMAN APT 802 AVENIDA SANT ROMA 98000 MONTECARLO MONACO ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Javier De Otaduy* **JAVIER DE OTADUY** **4/20/01** **305-381-8340**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)