

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90036 001 \*\*\*150.00

**DOCUMENT # P98000072531**

1. Entity Name

**2040 INVESTMENTS, INC.**

Principal Place of Business

2040 N.E. 163RD STREET  
 NORTH MIAMI BEACH FL 33162

Mailing Address

2020 NE 163RD ST  
 STE 300  
 NORTH MIAMI BEACH FL 33162-4927

828300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2040 N.E. 163RD ST.  
 Suite, Apt. #, etc.

3. Mailing Address

2040 N.E. 163RD ST.  
 Suite, Apt. #, etc.  
**SUITE 202G**

City & State

N. MIAMI BEACH, FL.

City & State

N. MIAMI BEACH, FL.

4. FEI Number

65-0858843

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, NEIL S  
 2040 N.E. 163RD STREET  
 SUITE 300  
 NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name **NEIL S. ROGERS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2040 N.E. 163RD ST. SUITE 202G.**  
 City **N. MIAMI BEACH FL** Zip Code **33162.**

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

*Neil S. Rogers*  
 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.

**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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SARRY, GABRIEL	
STREET ADDRESS	21124 NE 24 CRT	
CITY-ST-ZIP	N MIAMI BCH FL 33180	
TITLE	S	<input type="checkbox"/> Delete
NAME	OZ, ACHIAZ	
STREET ADDRESS	20941 NE 21 ST	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROGERS, NEIL S	
STREET ADDRESS	2020 NE 163 NO ST STE 300	
CITY-ST-ZIP	N MIAMI FL 33162	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL S. ROGERS	
STREET ADDRESS	2040 N.E. 163RD ST. SUITE 202G	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162.	
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:

*Neil S. Rogers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-945-4009