

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90175 033 ***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
18820 W DIXIE HIGHWAY
MIAMI FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0858843**

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

ATTAS, SHLOMO
18820 W DIXIE HIGHWAY
MIAMI FL 33180

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 _____ (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, 2002 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 **VP** Delete
 NAME **SARRY, GABRIEL**
 STREET ADDRESS **21124 NE 24 CRT**
 CITY-ST-ZIP **N MIAMI BCH FL 33180**

TITLE Change Addition
 NAME **PR. S. SHLOMO ATTAS**
 STREET ADDRESS **18820 W. DIXIE HWY**
 CITY-ST-ZIP **N MIAMI FL 33180**

TITLE **S** Delete
 NAME **OZ, ACHIAZ**
 STREET ADDRESS **20941 NE 21 ST**
 CITY-ST-ZIP **N MIAMI BCH FL 33179**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **ROGERS, NEIL S**
 STREET ADDRESS **2040 NE 163RD ST STE 202G**
 CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: SHLOMO ATTAS **SHLOMO ATTAS** Delete
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **1/10/02**
 Daytime Phone # **305-9356561**

MOORE A1

CR2E034 (9/01)