

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90120 004 ***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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

2040 N.E. 163RD ST. 2040

Suite, Apt. #, etc.
202G

City & State
N. MIAMI BCH FL

4. FEI Number **65-0858843**

Applied For
Not Applicable

Zip
33162

Country
DAOR

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. 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
CITY-ST-ZIP
**VP
SARRY, GABRIEL
21124 NE 24 CRT
N MIAMI BCH FL 33180**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRS
SHLOMO, ATTAS
18820 W DIXIE HWY
MIAMI FL 33180**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRS
SHLOMO, ATTAS
20941 NE 21 ST.
N. MIAMI, FL 33179**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

805-785-6356

Daytime Phone #

CR2E034 (10/02)