

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

01-27-2000 90056 028 ***150.00
 07-26-2000 90043 011 ***550.00

DOCUMENT # P98000086705

1. Entity Name
E.H. INVESTMENTS, INC.

Principal Place of Business
 CALLE QUISQUEYA NO. 15
 ESQ. URUGUAY. HATO REY
 SAN JUAN. PUERTO RICO 00918

Mailing Address
 CALLE QUISQUEYA NO. 15
 ESQ. URUGUAY. HATO REY
 SAN JUAN. PUERTO RICO 00918

2. Principal Place of Business

3. Mailing Address
P.O. Box 191017

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
San Juan,

4. FEI Number **65-1006577**

Applied For
 Not Applicable

Zip

Country

Zip
00919-1017

Country
Puerto Rico

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

GUILERA, GLADYS A
815 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	NASSAR, ENRIQUE
STREET ADDRESS	1881 PETUNIA STREET, SANTA MARIA
CITY-ST-ZIP	SAN JUAN, PR 00827
TITLE	D <input type="checkbox"/> Delete
NAME	DE NASSAR, HYLISA VEGLIO
STREET ADDRESS	1881 PETUNIA STREET, SANTA MARIA
CITY-ST-ZIP	SAN JUAN, PR 00827
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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
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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: *Enrique Nassar-Rilek* **ENRIQUE NASSAR-RILEK, Pres** **7/18/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

787-754-1273