

2000 UNIFORM BUSINESS REPORT (UBR)

5/12

FILED

Jun 05, 2000 8:00 am
Secretary of State

05-12-2000 90081 042 ***150.00

DOCUMENT # P96000099577

1. Entity Name

323 INVESTMENT INC.

Principal Place of Business

Mailing Address

7198 NW 51 ST
MIAMI FL 33166
US

7198 NW 51 ST
MIAMI FL 33166-5630
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0715996

Applied For

Not Applicable

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

SANTISTEBAN, GREGORIO
755 BLUE ROAD
CORAL GABLES FL 33146

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

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.
(See criteria on back)

☐

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 B
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SANTISTEBAN, GREGORIO
STREET ADDRESS 755 BLUE ROAD
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE S
NAME SANTISTEBAN, AIDA
STREET ADDRESS 755 BLUE ROAD
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE V
NAME SANTISTEBAN, CARLOS
STREET ADDRESS 8260 N.W. 156 TR.
CITY-ST-ZIP MIAMI LAKES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE ANA-M SANTISTEBAN
NAME
STREET ADDRESS 755 BLUE RD
CITY-ST-ZIP CORAL GABLES, FL 33146

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Add

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AIDA SANTISTEBAN

Date

Daytime Phone #

4-28-00 305 470 0001