

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038510

1. Entity Name
CAWY INVESTMENTS CORP.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90038 041 ***150.00

Principal Place of Business C/O WILLIAM YDI 6942 NW 50TH ST MIAMI FL 33166 US	Mailing Address 328 MINORCA AVE 2ND FLOOR CORAL GABLES FL 33134 US
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2. Principal Place of Business	3. Mailing Address 2600 Douglas Road
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Suite, Apt. #, etc.	Suite, Apt. #, etc. PH 6
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City & State	City & State Coral Gables, FL
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Zip	Country	Zip	Country
		33134	USA

4. FEI Number 85-0450212	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORTIZ, MICHAEL 328 MINORCA AVE 2ND FLOOR CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Michael Ortiz Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Road PH 6 City Coral Gables FL Zip Code 33134
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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  **Michael Ortiz** 4/2/01
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

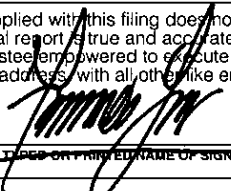
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINTERO, CARLOS Y		NAME		
STREET ADDRESS	6942 NW 50TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINTERO, ANDRES YDI		NAME		
STREET ADDRESS	6942 N.W. 50TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINTERO, WILLIAM YDI		NAME		
STREET ADDRESS	6942 N.W. 50TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **Andres Ydi**
Vice-President 3/30/01
Director

Date

Daytime Phone #

305 470 0425

CR2E034 (10/00)