

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 341455

1. Entity Name

A & B INVESTMENTS CORPORATION

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90097 049 \*\*\*150.00

Principal Place of Business

Mailing Address

550 NW LE JEUNE RD., #202  
MIAMI FL 33126

550 NW LE JEUNE RD., #202  
MIAMI FL 33126-5671

2. Principal Place of Business

717 PONCE DE LEON BLVD

3. Mailing Address

717 PONCE DE LEON BLVD

Suite, Apt. #, etc.

# 301

Suite, Apt. #, etc.

# 301

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

59-1289152

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

GARCIA, MANUEL

550 NW LE JEUNE RD., #202  
MIAMI FL 33126

Name

CARLOS A. ARRIAGA

Street Address (P.O. Box Number is Not Acceptable)

717 PONCE DE LEON BLVD # 301

City

CORAL GABLES

FL

Zip Code  
33134

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

CARLOS A. ARRIAGA

3/29/00

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 Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ARRIAGA, CARLOS A  
STREET ADDRESS 600 GRAPETREE DR. #10 DS  
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 717 PONCE DE LEON BLVD # 301  
CITY-ST-ZIP CORAL GABLES, FL 33134

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  
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TITLE ☐ Delete  
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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:

CARLOS A. ARRIAGA

PRESIDENT

3/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)