

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **398153**

1. Entity Name **COBRI INVESTMENTS, INC.**
c/o EMILIO C. CABALLERO

FILED
Apr 05, 2000 8:00 am
Secretary of State
 04-05-2000 90104 042 ***150.00

Principal Place of Business **11390 S.W. 57 Street**
Miami, FL 33173

Mailing Address **11390 S.W. 57 Street**
Miami, FL 331733

C0052559

2. Principal Place of Business **11390-S.W. 57 Street**
 Suite, Apt. #, etc.

3. Mailing Address **11390 S.W. 57 Street**
 Suite, Apt. #, etc.

City & State **Miami, FL**

Zip **33173** Country

4. FEI Number **66-0314248**

Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EMILIO C. CABALLERO
11390 S.W. 57 Street
Miami, FL 33173

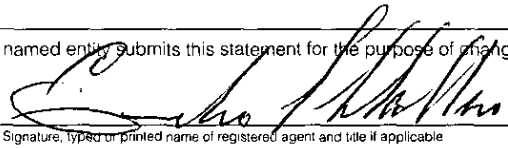
7. Name and Address of New Registered Agent

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 **3/20/00**

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 \$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	TDP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOLANDA BRITO		NAME		
STREET ADDRESS	GENERAL PATTON #2219		STREET ADDRESS		
CITY-ST-ZIP	SANTURCE, PR		CITY-ST-ZIP		
TITLE	VDS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, LOURDES		NAME		
STREET ADDRESS	GENERAL PATTON #2219		STREET ADDRESS		
CITY-ST-ZIP	SANTURCE, PR		CITY-ST-ZIP		
TITLE	RR ASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, EDNA		NAME		
STREET ADDRESS	GENERAL PATTON #2219		STREET ADDRESS		
CITY-ST-ZIP	SANTURCE, PR		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:  DATE **4/1/00**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)