## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 417518** May 08, 2000 8:00 am Secretary of State 1. Entity Name LAND INVESTMENT, INC. 05-08-2000 90026 006 \*\*\*150.00 Mailing Address Principal Place of Business LAND INVESTMENT 4316 2ND SQUARE SW VERO BEACH FL 32968 4316 2ND SO SW VERO BEACH FL 32968-2378 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1516673 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUBIO, MIGUEL E Street Address (P.O. Box Number is Not Acceptable) 4316 2ND SQUARE SW VERO BEACH FL 32968 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD Addition TITLE ☐ Change TITLE ☐ Delete RUBIO, MIGUEL NAME NAME 4316 2ND SQ. SW STREET ADDRESS STREET ADDRESS VERO BCH FL CITY-ST-ZIP CITY-ST-ZIP Change **VSD** ☐ Addition TITLE ☐ Delete TITLE Public EENCE 3020 11# RUBIO, ERNESTO G NAME NAME 1112 PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ELIZABETH CITY NO CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 his 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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 00 (SG) 794-5464 Date Daytide Phone #