

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 584072

1. Entity Name

TIBO INVESTMENTS, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90025 016 ***150.00

Principal Place of Business 2440 CORAL WAY MIAMI FL 33149	Mailing Address 2440 CORAL WAY MIAMI FL 33149
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2. Principal Place of Business 2600 SW 3rd Avenue Suite, Apt. #, etc. Suite 850 City & State Miami, Florida Zip 33129 Country USA	3. Mailing Address 2600 SW 3rd Avenue Suite, Apt. #, etc. Suite 850 City & State Miami, Florida Zip 33129 Country USA
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C0030935

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2415725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~PINO, PAUL F. ESQUIRE~~
~~2440 CORAL WAY~~
~~MIAMI, FL 33149~~

7. Name and Address of New Registered Agent

Name
MARIA G. ORDINOLA
Street Address (P.O. Box Number is Not Acceptable)
2600 S.W. 3rd. Avenue, Suite 850
City
MIAMI, FLORIDA FL Zip Code
33129

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 *Maria G. Ordinola* (NOTE: Registered Agent signature required when reinstating) DATE 2/15/00
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, PABLO 2440 CORAL WAY MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT GOMEZ, PABLO 2440 CORAL WAY MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria G. Ordinola* Date 2/15/00 Daytime Phone # (305) 856-5627
Signature, typed or printed name of signing officer or director

CR2E034 (9/99)