

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90299 031 \*\*\*150.00

**DOCUMENT # 852560**

1. Entity Name

**UNION ANAVLIS INVESTMENTS, S.A.**

Principal Place of Business

Mailing Address

~~2000 TOWERSIDE TERRACE #1507~~  
~~MIAMI FL 33138~~~~2000 TOWERSIDE TERRACE #1507~~  
~~MIAMI FL 33138~~

2. Principal Place of Business

**2600 ISLAND BOULEVARD**

3. Mailing Address

**2600 ISLAND BOULEVARD**

Suite/Apt #, etc.

**1701**

Suite/Apt #, etc.

**1701**

City &amp; State

**AVENTURA - FLORIDA**

City &amp; State

**AVENTURA - FLORIDA**

Zip

**33160**

Country

**USA**

Zip

**33160**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0028273**

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

**INTRIAGO, CHARLES A.**  
**ONE BISCAYNE TOWER**  
**25TH FLOOR**  
**MIAMI FL 33131**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VALLARINO, XAVIER 2000 TOWERSIDE TER #1507 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE VALLARINO, ENRIQUETA 2000 TOWERSIDE TER #1507 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTINEZ, SANTIAGO ALVEO 43RD ST.#2-220,GR.FLOOR PANAMA CITY, PANAMA	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2600 ISLAND BOULEVARD #1701</b> <b>AVENTURA - FLORIDA 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2600 ISLAND BOULEVARD #1701</b> <b>AVENTURA - FLORIDA 33160</b>
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**XAVIER VALLARINO****FEB. 20/2001 (305) 932-2884**

Date

Daytime Phone #

CR2E034 (10/00)