

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90300 034 ***150.00

DOCUMENT # 852561

1. Entity Name

BLANKET INVESTMENTS, S.A.

Principal Place of Business

Mailing Address

~~2000 TOWERSIDE TERRACE #1512~~
~~MIAMI FL 33131~~

~~2000 TOWERSIDE TERRACE #1512~~
~~MIAMI FL 33131~~

2. Principal Place of Business

2600 ISLAND BOULEVARD

Suite/Apt #, etc.

1701

3. Mailing Address

2600 ISLAND BOULEVARD

Suite/Apt #, etc.

1701

City & State

AVENTURA - FLORIDA

City & State

AVENTURA - FLORIDA

Zip

33160

Country

USA.

Zip

33160

Country

USA.

4. FEI Number

65-0028269

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	PD VALLARINO, XAVIER	<input type="checkbox"/> Delete
STREET ADDRESS	2000 TWRSIDE TER #1512	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	VD DE VALLARINO, CECILIA	<input type="checkbox"/> Delete
STREET ADDRESS	2000 TWRSIDE TER #1512	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	STD MARTINEZ, SANTIAGO ALVEO	<input type="checkbox"/> Delete
STREET ADDRESS	43RD ST. #2-220, GR. FLOOR	
CITY-ST-ZIP	PANAMA CITY, PANAMA	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2600 ISLAND BOULEVARD # 1701
CITY-ST-ZIP	AVENTURA - FLORIDA 33169
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2600 ISLAND BOULEVARD # 1701
CITY-ST-ZIP	AVENTURA - FLORIDA 33160
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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)