

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852561

1. Entity Name  
BLANKET INVESTMENTS, S.A.

Principal Place of Business

2600 ISLAND BLVD  
APT #1701  
AVENTURA FL 33160

Mailing Address

2600 ISLAND BLVD  
APT #1701  
AVENTURA FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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

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, 2002 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 PD  
NAME VALLARINO, XAVIER  
STREET ADDRESS 2600 ISLAND BLVD #1701  
CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete

TITLE VD  
NAME DE VALLARINO, CECILIA  
STREET ADDRESS 2600 ISLAND BLVD #1701  
CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete

TITLE STD  
NAME MARTINEZ, SANTIAGO ALVEO  
STREET ADDRESS 43RD ST. #2-220, GR. FLOOR  
CITY-ST-ZIP PANAMA CITY, PANAMA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 XAVIER VALLARINO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 8/2002 (305) 932-2884

Date

Daytime Phone #

FILED  
Mar 03, 2002 8:00 am  
Secretary of State

03-03-2002 90084 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0028269  
Applied For  
Not Applicable

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

CR2E034 (9/01)