

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001293

1. Entity Name

NEPTUNE INVESTMENTS, INC.



**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90325 039 \*\*\*550.00

Principal Place of Business  
C/O SAN MIGUEL & INFANDE  
255 COMMERCIAL BLVD. SUITE 200  
LAUDERDALE BY THE SEA FL 33308-4419

Mailing Address  
C/O SAN MIGUEL & INFANDE  
255 COMMERCIAL BLVD., SUITE 200  
LAUDERDALE BY THE SEA FL 33308-4419

2. Principal Place of Business

3. Mailing Address

4442 SEA GRAPE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LAUDERDALE BY THE SEA

Zip

Country

Zip

33308

Country

Broward

4. FEI Number 52-1892464

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAN MIGUEL, MIKE  
255 COMMERCIAL BLVD., SUITE 200  
LAUDERDALE BY THE SEA FL 33308-4419

Name

Street Address (P.O. Box Number is Not Acceptable)

4442 SEA GRAPE DR

City

LAUDERDALE BY THE SEA

FL

Zip Code  
33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS    | CITY-ST-ZIP                                    | TITLE                           | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|------|-------------------|--|---------------------------------|------|----------------|-------------|
|       | PSTC | GONZALEZ, ARMANDO | CARRERA 2 A 72-95, APT 501<br>BOGOTA, COLOMBIA | <input type="checkbox"/> Delete |      |                |             |
|       | D    | GONZALEZ, ARMANDO | CARRERA 2 A 72-95, APT 501<br>BOGOTA, COLOMBIA | <input type="checkbox"/> Delete |      |                |             |
|       |      |                   |  | <input type="checkbox"/> Delete |      |                |             |
|       |      |                   |  | <input type="checkbox"/> Delete |      |                |             |
|       |      |                   |  | <input type="checkbox"/> Delete |      |                |             |
|       |      |                   |  | <input type="checkbox"/> Delete |      |                |             |
|       |      |                   |  | <input type="checkbox"/> Delete |      |                |             |
|       |      |                   |  | <input type="checkbox"/> Delete |      |                |             |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Neptune Investments, Inc.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/2003

Date

Daytime Phone #

CR2E034 (4/03)