

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90290 023 ***150.00

DOCUMENT # H23261

1. Entity Name

CINGRA INVESTMENTS, INC.



Principal Place of Business

**813 NW 1ST STREET
FT LAUDERDALE FL 33311**

Mailing Address

**813 NW 1ST STREET
FT LAUDERDALE FL 33311**

2. Principal Place of Business

11 N.E. 1st street

3. Mailing Address

6051 N. Ocean DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#704

City & State

Pompano Beach, FL

City & State

Hollywood, Florida

Zip

33060

Country

Broward

Zip

33019

Country

4. FEI Number

59-2487285

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

**SIMPSON, FOREST VIRGIL
813 NW 1ST STREET
FT. LAUDERDALE FL 33311**

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **SIMPSON, FOREST VIRGIL**
STREET ADDRESS **6051 N OCEAN DR #704**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

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

TITLE **S** ☒ Delete
NAME **SIMPSON, STELLA FAYE**
STREET ADDRESS **2809 NE 38 ST**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
NAME **SIMPSON, stella Faye**
STREET ADDRESS **6051 N. OCEAN DR #704**
CITY-ST-ZIP **Hollywood, FL 33019**

TITLE ☐ Delete
NAME **SIMPSON, STELLA FAYE**
STREET ADDRESS **6051 N. OCEAN DR #704**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03
Date

954-781-7400
Daytime Phone #

CR2E034 (10/02)