## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # J71491** Mar 04, 2000 8:00 am Secretary of State F.I. INVESTMENTS, INC. 03-04-2000 90064 003 \*\*\*150.00 Mailing Address Principal Place of Business 512 MAJORCA AVENUE 512 MAJORCA AVENUE CORAL GABLES FL 33134-4222 CORAL GABLES FL 33134-4222 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2807315 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUETGLAS, FRANK Street Address (P.O. Box Number is Not Acceptable) 512 MAJORCA AVE. **CORAL GABLES FL 33134** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE QUETGLAS, FRANK NAME STREET ADDRESS STREET ADDRESS 512 MAJORCA AVE. CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change - -- Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing opes 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 direct of the corporation op the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

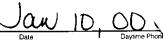
STREET ADDRESS

CITY-ST-ZIP

11.

GNING OFFICER OR DIRECTOR

☐ Delete



☐ Change

☐ Addition