

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90182 049 ***150.00

DOCUMENT # J71491

1. Entity Name
F.I. INVESTMENTS, INC.

Principal Place of Business
**512 MAJORCA AVENUE
 CORAL GABLES FL 33134-4222**

Mailing Address
**512 MAJORCA AVENUE
 CORAL GABLES FL 33134-4222**

80080652



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1530 SW 44 Avenue

3. Mailing Address
1530 SW 44 Avenue

Suite, Apt. #, etc.

City & State
Miami, FL 33134

City & State
Miami, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number **59-2807315** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**QUETGLAS, FRANK
 512 MAJORCA AVE.
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Quetglas, Frank**
 Street Address (P.O. Box Number is Not Acceptable)
1530 SW 44 Avenue
 City **Miami** FL Zip Code **33134**

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 *Frank Quetglas*
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUETGLAS, FRANK 512 MAJORCA AVE. CORAL GABLES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Quetglas, Frank 1530 SW 44 Avenue Miami, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Frank Quetglas*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 305-441-2023
 305-613-9399
 Date Daytime Phone #

CR2E034 (9/01)