· 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) J71491 **DOCUMENT #** 1. Entity Name F.I. INVESTMENTS, INC.

FILED										
May 01, 2003	8:00 am									
Secretary of	State									

05-01-2003 90246 001 ***150.00

)							
Principal Place of Business Mailing Address 1530 SW 44 AVE 1530 SW 44 AVE CORAL GABLES FL 33134-4222 CORAL GABLES FL 33		•	, 14-4222				Jiêr Ginir Arê	li Albit Alak u	1 0 11 0 1011 1001		
Principal Place of Business		Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State C			City & State			4. FEI Number 50-2807315 Applied For					
Zip	Zip Country Zip C			Country	,	5. Certificate of Status Desired			Not Applicable \$8.75 Additional		
	6. Name and Add	dress of Current Regist	ered Agent	———		7. N	ame and Address of New Re		ee Require		
	0. 1320 2		<u></u>	- -	Name			3	5		
QUETGLAS, FRANK 1530 SW 44 AVE			-	Street Address (P.O. Box Number is Not Acceptable)							
CORAL GA	ABLES FL 33134										
					City			FL	Zip Cod	e	
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					· · · · · · · · · · · · · · · · · · ·		Election Campaign Fina Trust Fund Contribution.		\$5.0 Added	0 May Be	
	Payable to Florida	OFFICERS AND DIRECT		11.		ADE	DITIONS/CHANGES TO OFFIC	SEDO AND	DIRECTOR	C IN 111	
TITLE	PD	OFFICERS AND DIREC	Delete	TITLE	**	ADL	DITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	QUETGLAS, FRAN	IK		NAME							
STREET ADDRESS CITY-ST-ZIP	1530 SW 44 AVE MIAMI FL 33134			STREET /	ADDRESS						
TITLE	IMITATI I C 00 104	<u> </u>	Delete	TITLE	<u> </u>				Change	Addition (
NAME			_ buildi	NAME						,	
STREET ADORESS				STREET /	ADDRESS						
CITY-ST-ZIP				TITLE	-217				☐ Change	Addition	
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TITLE NAME		•	☐ Delete	NAME	1				☐ Change	Addition)	
STREET ADDRESS				STREET A	ADDRESS						
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NAME STREET ADDRESS	-,-		and the second s	- NAME STREET A	ADDRESS	•	en ara in the areas	•		:	
CITY-ST-ZIP		•		CITY-ST	l l						
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME CTREET ADDRESS				NAME	ADDDEEC						
STREET ADDRESS CITY-ST-ZIP) 			STREET A							
,,	ertify that the informs	tion supplied with this fill	na done not qualify for			ction 1	19.07/3\/i) Florida Statutas I f	urthor certi	fy that the in	oformation	

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 attractment with an address, with all other like empowered.

IGNATURE:

SIGNATURE AND THE OR PRINT ANAME OF BIOLOGICAL PROPERTY.

SIGNATURE: