

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72828

1. Entity Name

147 AVENUE INVESTMENTS INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90949 017 ***150.00

300110



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2307 DOUGLAS ROAD SUITE 401 MIAMI FL 33145	2307 DOUGLAS ROAD SUITE 401 MIAMI FL 33145-3057

2. Principal Place of Business	3. Mailing Address
2103 CORAL WAY	2103 CORAL WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 202	SUITE 202
City & State	City & State
MIAMI, FLA.	MIAMI, FLA.
Zip	Zip
33145	33145
Country	Country
DALE	DALE

4. FEI Number	65-0112075	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ALONSO, JULIO C. 999 PONCE DE LEON BLVD SUITE 1040 CORAL GABLES FL 33134

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.

SIGNATURE  DATE **APR 27 2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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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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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR