

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72828

1. Entity Name  
147 AVENUE INVESTMENTS INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90012 020 \*\*\*150.00

Principal Place of Business

2130 CORAL WAY  
SUITE 202 108  
MIAMI FL 33145

Mailing Address

2130 CORAL WAY  
SUITE 202 108  
MIAMI FL 33145

2. Principal Place of Business

2103 Coral Way

Suite, Apt. #, etc.  
Suite # 108

City & State  
Miami FL

Zip  
33145

Country

3. Mailing Address

2103 Coral Way

Suite, Apt. #, etc.  
Suite # 108

City & State  
Miami FL

Zip  
33145

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0112075

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALONSO, JULIO C.  
999 PONCE DE LEON BLVD  
SUITE 1040  
CORAL GABLES FL 33134

Name Alonso Julio C.  
Street Address (P.O. Box Number is Not Acceptable)  
100 NW 34 Avenue  
Suite # 500  
City Miami FL Zip Code 33125

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]* President

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, 2001 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

TITLE PD  
NAME JIMENEZ, MARIO R.  
STREET ADDRESS 1350 SW 57TH AVE #316  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PD  
NAME Jimenez Mario R  
STREET ADDRESS 2103 Coral Way Suite 108  
CITY-ST-ZIP Miami FL 33145 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

Daytime Phone #

CR2E034 (10/00)