2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Apr 21, 2003 8:00 am Secretary of State

1. Entity Nam	IVIEN I: # L2837 CITY INVESTMENTS, INC.	· · · · · · · · · · · · · · · · · · ·		04-21-2003 9048	86 043 ***150.00	
Principal Place of Business 625 E DANIA BEACH BLVD DANIA FL 33004		Mailing Address 625 E DANIA BEACH BLVD DANIA FL 33004			NAN 1901 BILI BILI BILI BILI BILI BILI BILI BIL	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	е	City & State		4. FEI Number 65-0154163	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	ered Agent	
			Name	Name		
GUETHLE, KAREN L 113 NE 2 PLACE		Street Address (P.O. Box Number is Not Acceptable)		
1	DANIA FL 33004		······································	water -	——————————————————————————————————————	
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			City		FL Zip Code	
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	gistered office or regist	ered agent, or both, in the State of Florida.	I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if eaching the (NOTE, E	Inciptored Apont signature	- duba ainstatica)	DATE	
		and the reapplicable. (NOTE: P	legistered Agent signature require	red when reinstaurig)	, , , , , , , , , , , , , , , , , , ,	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financin Trust Fund Contribution.	9 \$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	7,0011101107011711102010 0111102110		
	GUETHLE, KAREN		NAME			
	113 NE 2 PLACE				☐ Change ☐ Addition	
CITY-ST-ZIP	DANIA FL 33004		STREET ADDRESS			
TITLE	Divitary I E 00004					
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12. 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 attachme

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #