

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L29288

1. Entity Name

2-C INVESTMENTS ENTERPRISES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90043 026 ***150.00

Principal Place of Business

Mailing Address

3021 WEST 76TH STREET
APT #101
HIALEAH FL 33016
US

3021 WEST 76TH STREET
APT #101
HIALEAH FL 33018-3818
US

2. Principal Place of Business

3. Mailing Address

3300 W 84 ST

3300 W 84 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay # 16

Bay # 16

City & State

City & State

HIALEAH FL

HIALEAH, FL

Zip

Country

Zip

Country

33018

US

33018

US

4. FEI Number

65-0067707

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

GARCIA, CARLOS
3021 WEST 76TH STREET
APT #101
HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

3300 W 84 ST

Bay 16

City

HIALEAH, FL 33018 FL

Zip Code

33018

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, 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, 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

TITLE PS
NAME GARCIA, CARLOS M
STREET ADDRESS 3021 W 76 ST, APT #101
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE
NAME 3300 W 84 ST
STREET ADDRESS Bay 16
CITY-ST-ZIP HIALEAH, FL 33018 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)