

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-16-2000 90043 026 \*\*\*150.00

**DOCUMENT # L29288**

1. Entity Name  
**2-C INVESTMENTS ENTERPRISES, INC.**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3300 W 84 ST**

**3300 W 84 ST**

Suite, Apt. #, etc.  
**Bay # 16**

Suite, Apt. #, etc.  
**Bay # 16**

City & State  
**HIALEAH FL**

City & State  
**HIALEAH, FL**

4. FEI Number  
**65-0067707**

Applied For  
 Not Applicable

Zip Country  
**33018 US**

Zip Country  
**33018 US**

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 **PRESIDENT** **1-18-2000**  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	GARCIA, CARLOS M	3021 W 76 ST, APT #101	HIALEAH FL 33016	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		3300 W 84 ST	Bay 16 HIALEAH, FL 33018	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **PRESIDENT** **1-18-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)