

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90271 028 ***150.00

DOCUMENT # M34878

1. Entity Name

T.H. INVESTMENTS CORP.

Principal Place of Business

3905 RIVIERA DR
 CORAL GABLES
 FL - 33134.

Mailing Address

PO BOX 141294
 CORAL GABLES
 FL - 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2803882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0049473

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

430 CANDIA AVE
 CORAL GABLES
 FL 33134

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, 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 NAME ☐ Delete
 JOHN HERRERA
 STREET ADDRESS 430 CANDIA AVE.
 CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE NAME ☐ Delete
 RICHARD HERRERA
 STREET ADDRESS 425 ALEDO AVE
 CITY-ST-ZIP CORAL

TITLE NAME ☐ Change ☐ Addition
 V.P.S.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 ALEX HERRERA
 STREET ADDRESS 3905 RIVIERA DR
 CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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 #

3-001 305-4433196

CR2E034 (11/00)