

2000 UNIFORM BUSINESS REPORT (UBR)

0207328

DOCUMENT # M54052

1. Entity Name

FAIRTOWN INVESTMENTS, INC.

FILED

00 MAR 15 AM 9:41

[Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ERNESTO SANCHEZ P.A.
814 PONCE DE LEON BLVD. SUITE 505
CORAL GABLES FL 33134

ERNESTO SANCHEZ P.A.
814 PONCE DE LEON BLVD. SUITE 505
CORAL GABLES FL 33134-3035



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

37 MAJORCA, APT 304

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

4. FEI Number

65-0113251

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, ERNESTO P.A.
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PEREZ, JAVIER
37 MAJORCA, APT 304
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003204756-9
-04/11/00-01139-001
****158.75 ****158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PEREZ, CARLOS
37 MAJORCA, APT 304
CORAL GABLES FL 33134 ☐ Delete

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

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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

JAVIER PEREZ

Date

Daytime Phone #

03/13/2000 (305) 441-2040

CR2E034 (9/99)