

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2000 08:00 AM****Secretary of State****DOCUMENT # M63662****1. Entity Name****T & T INVESTMENT PROPERTIES, INC.****Principal Place of Business**837 LORCA ST
5271 SW 5TH ST.
CORAL GABLES
33134

FL

US

Mailing Address837 LORCA ST
5271 SW 5TH ST.
CORAL GABLES
33134

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

837 LORCA ST

Suite, Apt. #, etc.

City & StateCORAL GABLES
FL**Zip****Country****Zip****Country**

33134

US

4. FEI Number**65-0115382****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**TOYOS, SUSANA
5271 SW 5TH ST.

MIAMI

FL

7. Name and Address of New Registered Agent**Name**

TOYOS, SUSANA

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

5271 SW 5TH ST.

City

MIAMI

FL**Zip Code**

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 SUSANA TOYOS**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/30/2000

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****TITLE** D ☐ Delete
NAME TOYOS, HILDA D.
STREET ADDRESS 5271 SW 5TH ST.
CITY-ST-ZIP MIAMI FL**TITLE** D ☐ Delete
NAME SUSANA TOYOS
STREET ADDRESS 837 LORCA ST
CITY-ST-ZIP CORAL GABLES FL**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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:** Susana Toyos

D

04/30/2000