

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90044 012 ***150.00

DOCUMENT # M67539

1. Entity Name
FIFTY-FIFTY INVESTORS, INC.



Principal Place of Business

5733 RIVIERA DRIVE
CORAL GABLES, FL 33146 US

Mailing Address

5733 RIVIERA DRIVE
CORAL GABLES, FL 33146 US

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

C/O Bi-Coastal Property Mgmt.

C/O Bi-Coastal Property Mgmt.

9099 SW 77th Ave.

9099 SW 77th Ave.

Miami, FL 33156

Miami, FL 33156

4. FEI Number

65-0087128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERSKOWITZ, ANDREW
5733 RIVIERA DRIVE
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name
C/O Bi-Coastal Property Mgmt.

Street Address (Post Box Number is Not Acceptable)

9099 SW 77th Ave.

Miami, FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature Required when Changing)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERSKOWITZ, ANDREW
5733 RIVIERA DRIVE
CORAL GABLES, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
HERSKOWITZ, MARLA
5733 RIVIERA DRIVE
CORAL GABLES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/O Bi-Coastal Property Mgmt. ☒ Change ☐ Addition
9099 SW 77th Ave.
Miami, FL 33156 *President & Treasurer*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/O Bi-Coastal Property Mgmt. ☒ Change ☐ Addition
9099 SW 77th Ave.
Miami, FL 33156 *Vice President*

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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 10 or Block 11 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

CHARGE FEE

0125034 (10/02)