

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90062 050 ***158.75

0098776

DOCUMENT # P00000003595

1. Entity Name

GROUP 18 INVESTMENTS INC.

Principal Place of Business

**6065 N.W. 167TH STREET, BAY B-11
MIAMI FL 33015**

Mailing Address

**6065 N.W. 167TH STREET, BAY B-11
MIAMI FL 33015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0972823

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALAMA, LEA A ESQ.
888 S.E. THIRD AVENUE
SUITE 400
FORT LAUDERDALE FL 33316**

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, 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

TITLE **D** ☐ Delete
NAME **DIMITRI, RICARDO A**
STREET ADDRESS **6065 N.W. 167TH STREET, BAY B-11**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **P** ☐ Delete
NAME **ELIAS M. SALAMA T.**
STREET ADDRESS **3802 N.E. 207th Street TH#7**
CITY-ST-ZIP **AVENTURA, FLORIDA, 33180**

TITLE **VP** ☐ Delete
NAME **DANIEL MANUEL SCHNEIDER**
STREET ADDRESS **2450 HUNTER RUN WAY**
CITY-ST-ZIP **WESTON, FLORIDA 33327**

TITLE **S** ☐ Delete
NAME **BEN DIMITRI**
STREET ADDRESS **2740 OAKBROCK LANE**
CITY-ST-ZIP **WESTON, FLORIDA 33332**

TITLE **D** ☐ Delete
NAME **ALBERTO M. SALAMA T.**
STREET ADDRESS **401 HOLIDAY DRIVE**
CITY-ST-ZIP **HALLANDALE, FLORIDA 33009**

TITLE **D** ☐ Delete
NAME **ISAAC VAISMAN**
STREET ADDRESS **1024 PINE BRANCH CT.**
CITY-ST-ZIP **FORT LAUDERDALE, FLORIDA, 33326**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **MORRIS ESQUENAZI**
STREET ADDRESS **19333 COLLINS AVENUE UNIT # 2405**
CITY-ST-ZIP **SUNNY ISLES, FLORIDA 33160**

TITLE **D** ☐ Change ☒ Addition
NAME **METIN JACK DE MIZRAHI**
STREET ADDRESS **301 RACQUET CLUB DRIVE # 205**
CITY-ST-ZIP **WESTON, FLORIDA 33180**

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)