

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000026121**

1. Entity Name

FLORIDA NEW INVESTMENTS, CORP.

Principal Place of Business

**441 MILLER ROAD
CORAL GABLES FL 33146**

Mailing Address

**441 MILLER ROAD
CORAL GABLES FL 33146**

2. Principal Place of Business

2324 SW 67th Avenue

Suite, Apt. #, etc.

2322

City & State

Miami FL

Zip

33155

Country

U.S.A.

3. Mailing Address

2324 SW 67th Avenue

Suite, Apt. #, etc.

2322

City & State

Miami FL

Zip

33155

Country

U.S.A.

4. FEI Number

65-0992-277

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONTRERAS, ENRIQUE J
441 MILLER ROAD
CORAL GABLES FL 33146**

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 fee 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CONTRERAS, ENRIQUE J
441 MILLER ROAD
CORAL GABLES FL 33146**

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/01

Date

Daytime Phone #

FILED
May 19, 2001 8:00 am
Secretary of State

04-17-2001 90100 030 ***150.00

45275



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)