

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90043 001 ***150.00

03-12-2001 90043 002 *****8.75

DOCUMENT # P00000034356

1. Entity Name

XEGNER INVESTMENTS, INC.

Principal Place of Business

**9200 S DADELAND BLVD., SUITE 603
MIAMI FL 33156**

Mailing Address

**9200 S DADELAND BLVD., SUITE 603
MIAMI FL 33156**

2. Principal Place of Business

536 BILTMORE WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

4. FEI Number

65-0997817

Applied For

Not Applicable

Zip

33134

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUEVAS, ANDREW ESQ
CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES FL 33134**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	VASQUEZ, LUIS EDUARDO S	
STREET ADDRESS	9200 S DADELAND BLVD., SUITE 603	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, LUIS EDUARDO
STREET ADDRESS	1913 SILVERBELL TER.
CITY-ST-ZIP	WESTON FL 33327

TITLE	V	<input type="checkbox"/> Delete
NAME	CORTES, NESTOR EDUARDO S	
STREET ADDRESS	9200 S DADELAND BLVD., SUITE 603	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, NESTOR EDUARDO
STREET ADDRESS	1913 SILVERBELL TER.
CITY-ST-ZIP	WESTON FL 33327

TITLE	T	<input type="checkbox"/> Delete
NAME	DE SANCHEZ, ROSALBA CORTES	
STREET ADDRESS	9200 S DADELAND BLVD., SUITE 603	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	WESTON FL 33327

TITLE	S	<input type="checkbox"/> Delete
NAME	CORTES, LUIS ERNESTO S	
STREET ADDRESS	9200 S DADELAND BLVD., SUITE 603	
CITY-ST-ZIP	MIAMI FL 33156	

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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: *Nestor E. Sanchez* NESTOR E. SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-01 (305) 510-3524

Date

Daytime Phone #

CR2E034 (10/00)