

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90030 040 ***150.00

DOCUMENT # P00000086540

1. Entity Name

CORAL GABLES INTERNATIONAL INVESTMENTS, INC.

Principal Place of Business

**2222 PONCE DE LEON BLVD.
#302**

Mailing Address

SAME**CORAL GABLES, FL 33134**

2. Principal Place of Business

2222 PONCE DE LEON BLVD.

3. Mailing Address

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL 33134

City & State

4. FEI Number

65-1040699

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

658310**6. Name and Address of Current Registered Agent****ARMANDO HERNANDEZ
255 ALHAMBRA CIRCLE, #720
CORAL GABLES, FL 33134****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 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 State10. 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 PD	FRANCISCO RIVAS <input checked="" type="checkbox"/> Delete	TITLE PD	ALONSO SADER CASTELLANOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2222 PONCE DE LEON BLVD. #302	NAME	2222 PONCE DE LEON BLVD. #302
STREET ADDRESS		STREET ADDRESS	MIAMI, FL 33134
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VPD	ALONSO SADER CASTELLANOS <input checked="" type="checkbox"/> Delete	TITLE VP	GUISEPPE HAMAOU <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2222 PONCE DE LEON BLVD. #302	NAME	2222 PONCE DE LEON BLVD. #302
STREET ADDRESS	CORAL GABLES, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

4/30/01 445-5814

Date

Daytime Phone #

CR2E034 (11/00)