

2001 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
Jun 20, 2001 8:00 am
Secretary of State

04-28-2001 90091 035 ***150.00

DOCUMENT # P00000106467
 1. Entity Name
SAMBIA INVESTMENTS INC.

(CA)

Principal Place of Business: **600 PALM AVENUE SUITE A HIALEAH FL 33010**
 Mailing Address: **600 PALM AVENUE SUITE A HIALEAH FL 33010**

2. Principal Place of Business: **7961 NW 186TH TE**
 Suite, Apt. #, etc.

3. Mailing Address: **← SAME**
 Suite, Apt. #, etc.

City & State: **MIAMI, FL**
 Zip: **33205**
 Country: **USA**

4. FEI Number: **65-1054617**
 Applied For: Not-Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LASARTE, FELIX
3100 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name: **ANTONIO GESTIDO JR.**
 Street Address: **7961 NW 186TH TE**
 City: **MIAMI** FL Zip Code: **33205**

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]* **ANTONIO GESTIDO JR, PRES.** DATE: **04/23/01**
Signature, typed or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	D	TITLE	PRESIDENT, SECRETARY
NAME	GESTIDO, ANTONIO JR	NAME	GESTIDO, ANTONIO JR.
STREET ADDRESS	600 PALM AVENUE SUITE A	STREET ADDRESS	7961 NW 186TH TE
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	MIAMI, FL 33205
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	VICE-PRESIDENT
NAME		NAME	GESTIDO, SAMANTHA J.
STREET ADDRESS		STREET ADDRESS	7961 NW 186TH TE
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33205
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	VICE-PRESIDENT
NAME		NAME	GESTIDO, ERIANCA M.
STREET ADDRESS		STREET ADDRESS	7961 NW 186TH TE.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33205.
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	TREASURER
NAME		NAME	CADENA, JEANETTE C.
STREET ADDRESS		STREET ADDRESS	7961 NW 186TH TE
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33205
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE: **04/23/01** DAYTIME PHONE #: **305-887-2500**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)