

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 23, 2001 8:00 am
Secretary of State

04-25-2001 90355 001 ***150.00
04-25-2001 90355 002 *****8.75

DOCUMENT # P00000110905

1. Entity Name
INVESTMENTS 1073, INC.

Principal Place of Business 3301 PONCE DE LEON BLVD STE 200 CORAL GABLES FL 33134	Mailing Address 3301 PONCE DE LEON BLVD STE 200 CORAL GABLES FL 33134 9001 S.W. 122nd Ave. #112 Miami, Fl. 33186
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2. Principal Place of Business 9001 S.W. 122nd Ave	3. Mailing Address
Suite, Apt. #, etc. Apt #112	Suite, Apt. #, etc.
City & State Miami, Fl. 33186	City & State

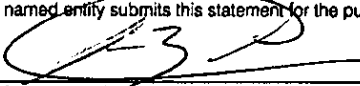


DO NOT WRITE IN THIS SPACE

Zip 33186	Country USA	Zip	Country	4. FEI Number 05-1083245	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					

6. Name and Address of Current Registered Agent PINES, ELIZABETH C 3301 PONCE DE LEON BLVD STE 200 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent		
			Name TULIO BELANDIA		
			Street Address (P.O. Box Number is Not Acceptable) 9001 S.W. 122nd Ave.		
			Apt #112		
			City Miami		FL Zip Code 33186

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:  DATE: **5/14/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS URIBE, GLORIA A 3301 PONCE DE LEON BLVD STE 200 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9001 S.W. 122nd Ave. Apt #112 Miami, Fl. 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BELANDIA, TULIO 3301 PONCE DE LEON BLVD STE 200 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9001 S.W. 122nd Ave. Apt #112 Miami, Fl. 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CP2E034 (10/00)

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:  **TULIO BELANDIA** *Dir* Date: **03-19-01**

Signature and typed or printed name of signing officer or director