

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000793	
1. Entity Name INVERSIONES 2001, INC.	



FILED  
03 OCT 16 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

300024215323  
10/28/03--01073--001 \*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11370 N.W. 48 TERR Suite, Apt. #, etc.		3. Mailing Address 5250 N.W. 114TH AVE Suite, Apt. #, etc. APT. #102	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33178	Country USA	Zip 33178	Country USA

4. FEI Number 75-2986096	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CARLOS M. MONTOYA	
Street Address (P.O. Box Number is Not Acceptable) 5250 N.W. 114th AVENUE APT. #102	
City MIAMI	FL Zip Code 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTOYA, JUAN F. 5250 N.W. 114TH AVE. APT. #102 MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, CARLOS M. 5250 N.W. 114TH AVE APT. #102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

**INVERSIONES 2001, INC  
5250 NW 114<sup>TH</sup> AVENUE #102  
MIAMI, FL 33178**

**October 15, 2003**

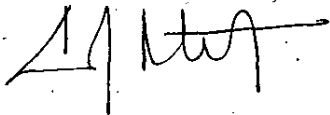
**Florida Department of State  
Division of Corporations  
Tallahassee, FL 32399**

**Ref: Inversiones 2001, Inc.  
Doc.#P01000000793**

**To Whom It May Concern:**

**We are writing this letter because our Uniform Business Report was never received during the year 2003. We have enclosed a reinstatement with the fees due for 2003. We ask that you please waive the penalty because the reports were never received. We apologize for any inconvenience this may cause you. Your prompt attention will be greatly appreciated.**

**Thank you,**

A handwritten signature in black ink, appearing to be "A. H. H.", is written below the "Thank you," text.