

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90004 010 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P01000020085

1. Entity Name  
2000 INVESTMENTS INT., INC.

Principal Place of Business  
3600 S STATE ROAD 7  
MIRAMAR, FL  
33023

Mailing Address  
3600 S STATE ROAD 7  
MIRAMAR, FL  
33023

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
65-1097546

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  
BROUWER, IRAIDA R  
7640 NW 5TH STREET  
BLDG. 9, SUITE 1 G  
PLANTATION GARDENS, FL 33324

7. Name and Address of New Registered Agent  
Name  
VARGAS VELA, FABIAN A  
Street Address (P.O. Box Number is Not Acceptable)  
3600 STATE ROAD 7  
City  
MIRAMAR FL Zip Code  
33023

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00  
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
DIRECTOR	HERRERA, IVONNE E	3600 STATE ROAD 7	MIRAMAR, FL 33023	<input type="checkbox"/>
DIRECTOR	VARGAS VELA, FABIAN A	3600 STATE ROAD 7	MIRAMAR, FL 33023	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/99)