

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90338 012 ***158.75

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DOCUMENT # P01000032272

1. Entity Name
EBR INVESTMENT CORP.

Principal Place of Business
613 OCEAN DRIVE #3D
KEY BISCAYNE FL 33149

Mailing Address
613 OCEAN DRIVE #3D
KEY BISCAYNE FL 33149



2. Principal Place of Business
613 OCEAN DRIVE
 Suite, Apt. #, etc.
10M

3. Mailing Address
2121 PONCE DE LEON BLVD
 Suite, Apt. #, etc.
10M

DO NOT WRITE IN THIS SPACE

City & State
KEY BISCAYNE, FL

City & State
CORAL GABLES, FL

4. FEI Number
65--1089008

Applied For
 Not Applicable

Zip
33149

Country

Zip
33134

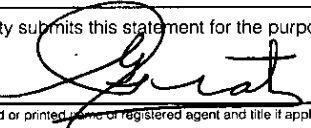
Country

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

6. Name and Address of Current Registered Agent
ISICOFF & RAGATZ, P.A.
1101 BRICKELL AVENUE SUITE 800
SOUTH TOWER
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
PRATS, GABRIEL
 Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD., #240
 City
CORAL GABLES FL Zip Code
33134

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 **4-9-02**

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)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALAREZO, EDUARDO 613 OCEAN DRIVE #3D KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALAREZO, EDUARDO 613 OCEAN DR., #10M KEY BISCAYNE, FL 33149 <input checked="" 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
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

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:  DATE **April 15th 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)