FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90063 021 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058815

1. Entity Name: C. B. & A. INVESTMENTS, INC.,

659280

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: P.O. BOX 832194
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33283 Country: DADE

3. Mailing Address: P.O. BOX 832194
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33283 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1114461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: LUIS G. MUSA
Street Address (P.O. Box Number is Not Acceptable): 4160 W. 16th AVE., SUITE 402
City: HIALEAH FL Zip Code: 33012

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Abraham Herrera	NAME	
STREET ADDRESS	14336 SW 51 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Lourdes D. Herrera	NAME	
STREET ADDRESS	14336 SW 51 St	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Abraham Herrera 4-24-02 786-3485614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #