

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-06-2002 90010 001 ***150.00

DOCUMENT # P01000114367

1. Entity Name

CORNER INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**760 MYRTLEWOOD IN
 KEY BISCYANE FL 33149**

**760 MYRTLEWOOD IN
 KEY BISCYANE FL 33149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1157905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOVAR, ILEANA ARIAS ESO
 1725 MAIN STREET SUITE 205
 WESTON FL 33326**

Name **NESTOR RINCON**

Street Address (P.O. Box Number is Not Acceptable)

760 MYRTLEWOOD LN

City **KEY BISCYANE**

FL

Zip **33149**

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

26 MAY 2002

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 **PD RINCON, NESTOR** ☐ Delete
 STREET ADDRESS **760 MYRTLEWOOD IN**
 CITY-ST-ZIP **KEY BISCYANE FL 33149**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VD RINCON, JUDITH M** ☐ Delete
 STREET ADDRESS **760 MYRTLEWOOD IN**
 CITY-ST-ZIP **KEY BISCYANE FL 33149**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **RINCON, HECTOR L** ☐ Delete
 STREET ADDRESS **760 MYRTLEWOOD IN**
 CITY-ST-ZIP **KEY BISCYANE FL 33149**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **S RINCON, CARLOS L** ☐ Delete
 STREET ADDRESS **760 MYRTLEWOOD IN**
 CITY-ST-ZIP **KEY BISCYANE FL 33149**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

15 APR 2002

Date

305-3653653

Daytime Phone #

CR2E034 (9/01)