

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90363 011 ***150.00

0216679 AV

DOCUMENT # P02000002155

1. Entity Name

O.D. FOREST INVESTMENT, INC.



Principal Place of Business
1221 BRICKELL AVE. 15TH FLOOR
MIAMI FL 33131

Mailing Address
1221 BRICKELL AVE. 15TH FLOOR
MIAMI FL 33131

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

80-0033988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11037590



6. Name and Address of Current Registered Agent

C/O GREENBERG TRAUIG, P.A.
1221 BRICKELL AVE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ignacio Hernandez
Pres.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jorge Rosenblut
Sec/V.P.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Raimundo Onetto
Treas/V.P.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PATRICIO Kreutzberger
V.P.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1221 Brickell Ave
Suite 1590
Miami, FL 33131

☐ Change

☒ Addition

TITLE
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CITY-ST-ZIP
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☐ Change

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☐ Change

☐ Addition

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 Block 11 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 #

SIGNATURE REQUIRED 5-28-03

(305) 373-2022

CR2E034 (10/02)