## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

P02000059940

1. Entity Name

**DOCUMENT #** 



NORBRID	OGE INVESTMENTS CORP.								
Principal Place of Business 1300 BRICKELL AVENUE MIAMI FL 33131		Mailing Address 1300 BRICKELL AVENUE MIAMI FL 33131			! I # # I I # # I I I I # # I I I I # I I I I	<b>.</b> 11011 <b>85</b> 112 <b>88</b> 111 <b>88</b> 121 <b>8</b>	OLUL UHLUK TENGO HULU	81811 8811 18 <b>1</b> 1	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 0 0 - 0 70	- 6953	Applied For  Not Applicable		]
Zip 	Country	Zip	Country		5. Certificate of Status	<del></del>	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and Addres	s of New Registere	d Agent		]
	, JUAN PABLO		Nam	MI	lagros S	anchez			]
1300 BRICKELL AVENUE				1500	Brichail	AVCO.			J
MIAMI FL	. 33131					•			
			City	Mia	mi	F	12 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	31	
8. The above the obligat	named entity submits this statement for ions of registered egen	or the purpose of changing its	registered offic	e or registere	ed agent, or both, in the	State of Florida. I a	m familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if photosphia (NIOTE	: Registered Agent s	ionatura ranuirod	when reinstation)	DAT	=		
		and the II applicable. (NOTE	: Hegistered Agent s	gradie required	when tellistating)				4
FILE NOW!!! FEE IS \$150.00					9. Election Ca	mpaign Financing	\$5.0	May Be	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Contribution.		to Fees	
			1		A S D I T I O I O I I I I I O I		US BUSEOTOS	0.151.44	1
10.	OFFICERS AND		11.	10	ADDITIONS/CHANG	ES TO OFFICERS A			1 8
TITLE NAME	BAYONA, JUAN PABLO	Delete	TITLE NAME		ECTOR GE BRAVER		☐ Change	Addition	1 8
STREET ADDRESS	1300 BRICKELL AVENUE		STREET ADDRE	AOK 22	BAICHEIL 4	UE			1
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12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS CITY-ST-ZIP

> EQUIPLION'SE SIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

305-351-1000

Daytime Phone #