

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

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

05-05-2003 92191 036 \*\*\*150.00

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**DOCUMENT # P02000085694**

1. Entity Name  
**123 INVESTMENTS, INC.**



Principal Place of Business  
**8025 NW 36 STREET  
SUITE 302  
MIAMI FL 33166**

Mailing Address  
**8025 NW 36 STREET  
SUITE 302  
MIAMI FL 33166**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **22-3862782** Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORDERO, ALFONSO  
8025 NW 36 STREET  
SUITE 302  
MIAMI FL 33166**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CORDERO, ALFONSO</b>
STREET ADDRESS	<b>8025 NW 36 STREET STE. 302</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CRUZ, ROBERT JR.</b>
STREET ADDRESS	<b>8025 NW 36 STREET STE. 302</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CRUZ, ROBERT</b>
STREET ADDRESS	<b>8025 NW 36 STREET STE. 302</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED **5-1-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)