


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90264 032 \*\*\*150.00

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|---|---|
| <b>DOCUMENT #</b> P02000116217                |  |
| 1. Entity Name<br><b>22 INVESTMENTS, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>934 N. UNIVERSITY DRIVE<br/>SUITE 315<br/>CORAL SPRINGS FL 33071</b> | Mailing Address<br><b>934 N. UNIVERSITY DRIVE<br/>SUITE 315<br/>CORAL SPRINGS FL 33071</b> |
|--|--|



|   |                       |   |         |
|---|-----------------------|---|---------|
| 2. Principal Place of Business<br><b>934 N. University Dr S-315</b> |                       | 3. Mailing Address<br><b>SAME ADDRESS</b> |         |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.                       |         |
| City & State<br><b>Coral Springs, FL 33071</b>                      |                       | City & State                              |         |
| Zip<br><b>33071</b>   | Country<br><b>USA</b> | Zip                                       | Country |

☐ CHECK HERE IF MAKING CHANGES

|  |  |  |          |
|--|--|--|----------|
| 4. FEI Number<br><b>14-1853363</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |          |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                        |  |  |          |
| 6. Name and Address of Current Registered Agent<br><b>MADONIA, PETER<br/>8292 NW 6TH ST<br/>CORAL SPRINGS FL 33071</b> |  | 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 *Peter Madonia* DATE 4/5/03  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Pres. Dent<br/>Peter Madonia<br/>934 N. University Dr S-315<br/>Coral Springs, FL 33071</b><br><input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President<br/>Peter Madonia<br/>934 N. University Dr. S-315<br/>Coral Springs, FL 33071</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Secretary<br/>Emelinda Madonia<br/>934 N. University Dr. S-315<br/>Coral Springs, FL 33071</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Secretary<br/>Emelinda Madonia<br/>934 N. University Dr. S-315<br/>Coral Springs, FL 33071</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Peter Madonia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/03 (954) 346-8394  
Date Daytime Phone #

CR2E034 (10/02)