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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16917 1. Entity Name C & R INVESTMENTS, INC. OF PANAMA							Secretary of State 01-21-2002 90062 006 ***163.75		
Principal Place of Business 2401 SOUTH OCEAN DR SUITE 1405 HOLLYWOOD FL 33019			Mailing Address 2401 SOUTH OCEAN DR SUITE 1405 HOLLYWOOD FL 33019					1811 8 1811 8 1811 8	1804 818 01 18 8 0 -
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\neg	DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. F	59-2156919	-	oplied For ot Applicable
Zip Country		Zíp	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current Re	gistered Agent			7. N	lame and Address of New Registered	Agent	
					Name		· · · · · · · · · · · · · · · · · · ·		
rozo; zaedy r					Street Address (P.O. Box Number is Not Acceptable)				
2655 LE JEUNE RD									
PH ID									
CORAL GABLES FL 33134					-City		FL	Zip Cod	le
8. The above	named entity	submits this statement for t	ne ourpose of changing its	register	ed office or regis	stered an	ent, or both, in the State of Florida.		
SIGNATURE .			to parpose of onlying to	Toglata					
		or printed name of registered agent and	title it applicable, (NOTe	E: Registere	d Agent signature requ	ired when re	einstating) DATE		
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 St				Election Campaign Financing Trust Fund Contribution.		May Be
11.		OFFICERS AND D	RECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2401 S. O	JSTIN LOPEZ CEAN DR #1405 OD FL 33019	☐ Delete					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	DTS ZAZO, CAI 2401 S. O HOLLYWO	RMEN LOPEZ CEAN DR #1405 OD FL 33019	☐ Delete			·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H C		☐ Delete					☐] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I			☐ Change	☐ Addition
TITLE			Delete	TITL				Change	Addition

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ŽÌP

Daytime Phone #

Change

Addition