

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24612

1. Entity Name

5.200 INVESTMENTS, LTD., INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90056 013 ***158.75

Principal Place of Business	Mailing Address
555 S POMPANO PKWAY POMPANO BEACH FL 33069 US	2 SOUTH BISCAYNE BLVD SUITE 3400 ONE BISCAYNE TOWER MIAMI FL 33131-1806

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		65-0190929		Applied For
				Not Applicable
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALDES-FAULI CORPORATE SERVICES, INC. 2 S BISCAYNE BLVD SUITE 3400 ONE BISCAYNE TOWER MIAMI FL 33131		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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURIA L, JESUS A	NAME	
STREET ADDRESS	2 SOUTH BISCAYNE BLVD SUITE 3400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARA, GARBATI M	NAME	
STREET ADDRESS	2 SOUTH BISCAYNE BLVD, SUITE 3400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMUS MANAGEMENT CORPORATION	NAME	
STREET ADDRESS	PALM CHAMBERS #3	STREET ADDRESS	
CITY-ST-ZIP	ROAD TOWN, TORTOLA, B.V.I.	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)