


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

**FILED
Apr 30, 2003 8:00 am
Secretary of State**

04-30-2003 90159 013 ***150.00

DOCUMENT # P24612
1. Entity Name
5.200 INVESTMENTS, LTD., INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65 0190929		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Blvd., Ste. #4100
Suite #4100
City **Miami** FL Zip Code **33131**

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 **2/10/03**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning.)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	P	TITLE	
NAME	Lauria L., Jesus A.	NAME	
STREET ADDRESS	200 South Biscayne Blvd., Suite #4100	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Garbati, Maria Clara	NAME	
STREET ADDRESS	200 South Biscayne Blvd., #4100	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE **4/03/03** DAYTIME PHONE # **954-2296022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)