

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90086 012 \*\*\*550.00

**DOCUMENT # P36175**

1. Entity Name

**ANAJO INVESTMENTS CORPORATION**

Principal Place of Business

8038 W. SAMPLE ROAD  
 CORAL SPRGS FL 33065  
 US

Mailing Address

8038 W. SAMPLE ROAD  
 CORAL SPRGS FL 33065-4714  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0292022**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSE, LEO, JR.**  
**1111 LINCOLN ROAD**  
**SUITE #500**  
**MIAMI BEACH FL 33139**

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)

**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.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHTEREMBERG, JOSE</b>	NAME	
STREET ADDRESS	<b>SIERRA VERTIENTES</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO</b>	CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHTEREMBERG, ANA R.</b>	NAME	
STREET ADDRESS	<b>SIERRA VERTIENTES</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE GOLBERG, BETTY S.</b>	NAME	
STREET ADDRESS	<b>BOSQUE DE VALUARTE 9</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHTEREMBERG, PERLA</b>	NAME	
STREET ADDRESS	<b>SIERRA CHALCHIHUI</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHTEREMBERG, ANA R.</b>	NAME	
STREET ADDRESS	<b>SIERRA VERTIENTES</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHTEREMBERG, ISAAC</b>	NAME	
STREET ADDRESS	<b>SIERRA CHALCHIHUI</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEXICO</b>	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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: Isabel Duany **REQUIRED** 5/26/2000 α  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)