

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009621

1. Entity Name

IBEX INVESTMENT CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90302 036 ***150.00

Principal Place of Business

Mailing Address

2333 PONCE DE LEON BLVD
 STE 650
 CORAL GABLES FL 33134
 US

2333 PONCE DE LEON BLVD
 STE 650
 CORAL GABLES FL 33134-5418
 US

2. Principal Place of Business

169 Miracle Mile

3. Mailing Address

169 Miracle Mile

Suite, Apt. #, etc

Suite, Apt. #, etc

Suite R10

Suite R10

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

Zip
 33134

Country
 USA

Zip
 33134

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0383713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTTMAN, RICHARD
 C/O CARLTON, FEILDS, WARD, EMMANUEL, SMITH, ...
 1000 S.E. 2ND STREET, SUITE 4000
 MIAMI FL 33131

Name

Ignacio G del Valle

Street Address (P.O. Box Number is Not Acceptable)

100 SE 2nd Street

Suite 4000

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.

SIGNATURE

Ignacio G del Valle

Ignacio G del Valle

4/28/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROSADO, JOSE F	
STREET ADDRESS	2333 PONCE DE LEON BLVD., STE 650	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLANCO, FRANCISCO E.	
STREET ADDRESS	2333 PONCE DE LEON BLVD, STE 650	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	ROSADO, JOSE F	
STREET ADDRESS	2333 PONCE DE LEON BLVD. STE 650	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	169 Miracle Mile, Suite R10
STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	169 Miracle Mile, Suite R10
STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	169 Miracle Mile, Suite R10
STREET ADDRESS	Coral Gables, FL 33134
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 305-447-8697
 Date Daytime Phone #

CR2E034 (9/99)