

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90145 021 \*\*\*550.00

**DOCUMENT # P93000008945**

1. Entity Name

**ROLY FERNANDEZ INVESTMENTS, INC.**

Principal Place of Business Mailing Address

**21500 S.W. 183 Ave. c/o R.W. Aschenbrenner, Esq.**  
**Miami, FL 33187 10739 S.W. 104 St.**  
**Miami, FL 33176**

**A0076530**

2. Principal Place of Business

3. Mailing Address

**21500 S.W. 183 Ave.**  
 Suite, Apt. #, etc.

**c/o R.W. Aschenbrenner, Esq.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, FL**

City & State  
**10739 S.W. 104 St.**  
**Miami, FL**

4. FEI Number  
**650408677**

Applied For  
 Not Applicable

Zip  
**33187**

Country  
**USA**

Zip  
**33176**

Country  
**USA**

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

**Julio Fernandez**  
**21500 S.W. 183 Avenue**  
**Miami, FL 33187**

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>Vice-President</b>	<input type="checkbox"/> Delete
NAME	<b>Julio Fernandez</b>	
STREET ADDRESS	<b>21500 S.W. 183 Avenue</b>	
CITY-ST-ZIP	<b>Miami, FL 33187</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
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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:

*Julio Fernandez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JULIO FERNANDEZ**

**9/7/00**

**(305)255-9638**

Date

Daytime Phone #

CR2E034 (5/00)