

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91746 027 ***150.00

DOCUMENT # P93000023031

1. Entity Name
CAMI INVESTMENTS, INC.

Principal Place of Business Mailing Address
1746 SW 138th AVE. **1746 SW 138th AVE.**
MIAMI FLORIDA **MIAMI FLORIDA**
33175-7544 **33175-7544**

2. Principal Place of Business 3. Mailing Address

Suite Apt # etc Suite Apt # etc

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0390122 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENITEZ, ORLANDO
1746 SW 138th AVBE
MIAMI FLORIDA
33175

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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 _____

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, 2002, 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	
TITLE: <input type="checkbox"/> Delete NAME: D BENITEZ, ORLANDO STREET ADDRESS: 1746 SW 138th AVE CITY, ST, ZIP: MIAMI FL 33175	<input type="checkbox"/> Change <input type="checkbox"/> Additions
TITLE: <input checked="" type="checkbox"/> Delete NAME: BENITEZ, ROSA ANAUA STREET ADDRESS: 7221 SW 56th ST CITY, ST, ZIP: MIAMI FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Additions
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Additions
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Additions
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Additions
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Additions

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Additions NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Additions
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Additions NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Additions
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (305) 266-2428 4-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR