

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000023746

1. Entity Name

CEGAR INVESTMENT, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90087 025 ***150.00

Principal Place of Business

Mailing Address

6861 S.W. 136 STREET
MIAMI FL 33156

6861 S.W. 136 STREET
MIAMI FL 33129-1241

2. Principal Place of Business

1581 BRICKELL AVE

3. Mailing Address

1581 BRICKELL AVE.

Suite, Apt. #, etc.

PH - 105

Suite, Apt. #, etc.

PH - 105

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129

Country

U.S.A.

Zip

33129

Country

U.S.A.

4. FEI Number

65-0399084

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

SAVELLI, LIGIA
6861 S.W. 136 STREET
MIAMI FL 33156

Name

LIGIA J. SAVELLI

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

1581 BRICKELL AVE.

PH - 105

City

MIAMI

FL

Zip Code

33129

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

Ligia J. Savelli

2/14/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SAVELLI, LIGIA 6861 S.W. 136 STREET MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ligia J. Savelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/2000 (305) 285-0831

CR2E034 (9/99)