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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90487 045 ***150.00

DOCUMENT # P93000033386

1. Entity Name
3426 Investments, Inc

Principal Place of Business
3426 NW 2 AVE
MIA FLA 33127

Mailing Address

2. Principal Place of Business: 3426 NW 2 AVE
Suite, Apt. #, etc.
City & State: MIAMI Fl
Zip: 33127 Country: DADE

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0679447 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
URIARTE, JESUS
4100 W. Flagler St
Suite K
MIAMI Fl 33143

7. Name and Address of New Registered Agent
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MUNOZ, MARINA 2411 SW 18 St. MIA Fl 33145	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / 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: Marina Munoz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 Date (305) 386-5001 Daytime Phone #