

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90061 012 \*\*\*150.00

**DOCUMENT # P93000051544**

1. Entity Name

**CETCO INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

18000 N BAY ROAD  
 UNIT 803  
 MIAMI BEACH FL 33160

18000 N BAY ROAD  
 UNIT 803  
 MIAMI BEACH FL 33160-1923

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

**65-0452060**

Applied For

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

7. Name and Address of New Registered Agent

PIERRE, VANIER  
 3564 N. OCEAN BLVD.  
 FORT LAUDERDALE FL 33308

Name

**MARC LABOSSIERE**

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

**1222 NE 4TH AVENUE**

City

**FT. LAUDERDALE**

**FL**

Zip Code

**33304**

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

**MARC LABOSSIERE**

**02/22/00**

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	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>FORTIER, ANDRE'</b>	
STREET ADDRESS	<b>450 ST-GEORGES APT 614</b>	
CITY-ST-ZIP	<b>ST LAMBERT, QUILEE CANADA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FORTIER, FRANCOIS</b>	
STREET ADDRESS	<b>1035 BEAUBIEN</b>	
CITY-ST-ZIP	<b>MONTREAL QUEBEC CANADA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FORTIER, FERNANDEZ S</b>	
STREET ADDRESS	<b>450 ST GEORGES APT 614</b>	
CITY-ST-ZIP	<b>ST LAMBERT QUEBEC CANADA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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 ~~the~~ empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/22/2000 305-688-0910**

Date

Daytime Phone #

CR2E034 (9/99)