

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 047 ***150.00

DOCUMENT # P93000052060

1. Entity Name
WASHINGTON INVESTMENTS, INC.



Principal Place of Business
**6 WEST 14TH STREET., 3RD FLOOR
NEW YORK, NY 10013**

Mailing Address
**HERZFELD & RUBIN
%BRUCE BIOKO, ESQ SUITE 1920
MIAMI, FL 33130**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address **Herzfeld & Rubin**

c/o Bruce Boiko

Suite, Apt. #, etc.
80 SW 8th St., #1920

City & State

Miami, FL

Zip
33130

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

13-3726548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOIKO, BRUCE M ESQ
80 S.W. 8TH STREET., STE 1920
MIAMI, FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW WITH FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **DES ROYS, ETIENNE**

STREET ADDRESS **1501 3RD AVENUE**

CITY-ST-ZIP **NEW YORK, NY 10028**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **PRESIDENT/DIRECTOR**

STREET ADDRESS **DES ROYS, ETIENNE**

CITY-ST-ZIP **1501 3rd AV.
NEW YORK, NY 10028**

TITLE ☐ Change ☒ Addition

NAME **TREASURER**

STREET ADDRESS **SALLY CHU**

CITY-ST-ZIP **6 W 14 STREET-3rd Floor
NEW YORK, NY 10011**

TITLE ☐ Change ☒ Addition

NAME **SECRETARY**

STREET ADDRESS **EVE VALENZUELA**

CITY-ST-ZIP **6 W. 14 STREET-3rd Floor
NEW YORK, NY 10011**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)