

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000056023**

1. Entity Name

REDES INVESTMENT GROUP, INC.**FILED**
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90014 004 ***158.75

Principal Place of Business Mailing Address

JOSE M. REVUELTA
3157 S.W. 111TH AVE.
MIAMI FL 33165

PO BOX 65-1621
MIAMI FL 33265-1621
US

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 **65-0427939**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REVUELTA, JOSE M
3157 SW 111TH AVE.
999 PONCE DE LEON BLVD., SUITE 1150
MIAMI FL 33165

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	REVUELTA, JOSE M	NAME			
STREET ADDRESS	3157 S.W. 111TH AVE.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP			
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	GUERRERO, EVARISTO	NAME			
STREET ADDRESS	VIA TANGANICA BJ2 BOSQUE DE LAGO ENCANTADA	STREET ADDRESS			
CITY-ST-ZIP	TRUJILLO ALTO, PUERTO RICO	CITY-ST-ZIP			
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MIGUEL DE LA SOTA	NAME			
STREET ADDRESS	1715 SEGRE ST.	STREET ADDRESS			
CITY-ST-ZIP	RIO PIEDRAS HEIGHTS P. 00926	CITY-ST-ZIP			
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MIGUEL A. ARIAS	NAME			
STREET ADDRESS	473 BLANDING BLVD.	STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32073	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: *JOSE M. REVUELTA PRES.* **4-28-00 305-225-9225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)