

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90241 050 ***158.75

00202014 AV

DOCUMENT # P93000067597

1. Entity Name

THAIS INVESTMENTS, CORP.



Principal Place of Business

**6500 NW 72 AVENUE
MIAMI FL 33166**

Mailing Address

**6500 NW 72 AVENUE
MIAMI FL 33166**

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

65-0438768

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required.**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LAGE, GUSTAVO D ESQ.
6500 NW 72 AVENUE
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

LUIS RAMON CHALBAUD

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

6500 N.W. 72 Avenue

City

Miami

FL

Zip Code

33166

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/21/03

DATE

FILE NOW!!! FEES \$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 NAME **P** ☐ Delete
CHALBAUD, LOUIS R
STREET ADDRESS **6500 NW 72 AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE NAME **V** ☐ Delete
LAGE, GONZALO R
STREET ADDRESS **6500 NW 72 AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE NAME **S** ☐ Delete
SAN TELIZ, THAIS
STREET ADDRESS **6500 NW 72 AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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]

SIGNATURE REQUIRED, President

4/21/03

(305) 436-9787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)