

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90990 029 \*\*\*150.00

**DOCUMENT #** P94000017058  
**1. Entity Name**  
137 INVESTMENTS, INC

**Principal Place of Business**  
123 S.W. 132<sup>ND</sup> COURT  
MIAMI, FLORIDA 33186  
**Mailing Address**  
C/O DAVID SHAPIRO  
1505 W 23<sup>RD</sup> ST.  
MIAMI BEACH, FL 33186

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
**3. Mailing Address**  
Suite, Apt. #, etc.  
**City & State**  
**City & State**  
**Zip** **Country** **Zip** **Country**

**4. FEI Number**  
65-0474245  
**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**  
SHAPIRO, JEREMY  
1541 BRICKELL AVE, APT 1504  
MIAMI, FL 33129

**7. Name and Address of New Registered Agent**  
**Name**  
SHAPIRO, JEREMY SHAPIRO  
**Street Address (P.O. Box Number is Not Acceptable)**  
1541 BRICKELL AVE, APT 1504  
**City** MIAMI, FL **FL** **Zip Code** 33129

**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**  **DATE** 3/31/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

|                                                                                                                                                          |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>TITLE</b><br>D.T.<br><b>NAME</b><br>GARDINSKY, DOROTHY<br><b>STREET ADDRESS</b><br>10240 SW 87 ST<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33173            | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>VP<br><b>NAME</b><br>PERRIN, TERRY<br><b>STREET ADDRESS</b><br>13717 S.W. 134 ST<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33186                | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>DP<br><b>NAME</b><br>SHAPIRO, JEREMY<br><b>STREET ADDRESS</b><br>1541 BRICKELL AVENUE, APT 1504<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33129 | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                               | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                               | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                               | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                                                                                                                                                       |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>TITLE</b><br>DT<br><b>NAME</b><br>GARDINSKY, DOROTHY<br><b>STREET ADDRESS</b><br>10240 S.W. 87 ST<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33173         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>VP<br><b>NAME</b><br>PERRIN, TERRY<br><b>STREET ADDRESS</b><br>13717 S.W. 134 ST<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33186             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>DP<br><b>NAME</b><br>SHAPIRO, JEREMY<br><b>STREET ADDRESS</b><br>1541 BRICKELL AVE, APT 1504<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33129 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**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**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** JEREMY SHAPIRO **DATE** 3/31/01 **Daytime Phone #**

CR2E034 (11/00)