

FILED

03 APR 14 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55019361

Amended

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

DOCUMENT # P94000017225

1. Entity Name
JALE INVESTMENTS, INC.

Principal Place of Business: % LUIS M. ARTIME, ESQ, ONE SE THIRD AVE 28TH FLOOR, MIAMI, FL 33131 US
Mailing Address: % LUIS M. ARTIME, ESQ, ONE SE THIRD AVE 28TH FLOOR, MIAMI, FL 33131 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Zip Country: Zip Country

4. FEI Number: **65-0472705** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: CORPORATION INFORMATION SERVICES, INC., 1201 HAYES STREET, TALLAHASSEE, FL 32301
7. Name and Address of New Registered Agent: Name: **JAVIER LENTINO**, Address: **1101 BRICKELL AVE # 1701**, City: **MIAMI**, FL, Zip Code: **33138**

8. The above named entity submits the statement of 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, the registered agent.
Signature: **JAVIER LENTINO** DATE: **MARCH 19th 03**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSD NAME: LENTINO, OSCAR L STREET ADDRESS: ONE SE THIRD AVE 28TH FLOOR CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AVP NAME: DE LENTINO, MARGARITA C STREET ADDRESS: ONE SE THIRD AVE 28TH FLOOR CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AVP NAME: LENTINO, JAVIER STREET ADDRESS: ONE SE THIRD AVE 28TH FLOOR CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]** Date: **3-17-03** Calling Phone #: **305-345-7717**

800016361968
04/24/03--01056--023 **61.25



CHECK HERE IF MAKING CHANGES

FILE NOW WITH FEE JS \$160.00
After May 19, 2003 Fee will be \$560.00
Make Check Payable to Florida Department of State

CR2828 (10/02)

TS