

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90031 003 ***150.00

DOCUMENT # P94000043622

1. Entity Name
7940 INVESTMENTS, INC.

Principal Place of Business 11333 SW 111 ST 8250 NW 27 ST MIAMI FL 33176- STE 310 US 33122	Mailing Address 11333 SW 111 ST 8250 NW 27 ST MIAMI FL 33176- STE 310 US 33122
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UUUJ654Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8250 NW 27 STREET	3. Mailing Address 8250 NW 27 STREET
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Suite, Apt. #, etc. 310	Suite, Apt. #, etc. 310
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City & State MIAMI, FL	City & State MIAMI, FL
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4. FEI Number 65-0499861	Applied For <input type="checkbox"/> Not Applicable
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Zip 33122	Country USA	Zip 33122	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'HARE, G. PATRICK
 2518 JARDIN DR
 WESTON FL 33327**

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 G. PATRICK O'HARE *Patrick O'Hare* 4/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STOIK, MICHAEL W 11333 SW 111 ST MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, ORIN E JR. 17022 SW 79 PL MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete O'HARE, G. PATRICK 2518 JARDIN WESTON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete O'HARE, CECILIA M 2518 JARDIN WESTON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete THOMAS, PHILIP A 1255 ALEGRIANO AVE CORAL GABLES FL 33146	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

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: *Patrick O'Hare* 4/10/01 305-477-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)