2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State
07-06-2001 90210 006 ***750.00

A00076195

DOCUMENT # P94000051109

1. Entity Name
T.T.T. INVESTMENTS CORPORATION

Principal Place of Business	Mailing Address
999 BRICKELL AVE 3RD FLOOR MIAMI FL 33131 US	999 BRICKELL AVE 3RD FLOOR MIAMI FL 33131 US

2. Principal Place of Business	3. Mailing Address
Miami	999 Brickell Ave.
Suite, Apt. #, etc. 3rd floor	Suite, Apt. #, etc. 3rd Fl
City & State Miami	City & State Fl.
Zip 33131 / Country USA	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0505018 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIEDRA, AURELIO A CPA
780 NW LEJEUNE
#516
MIAMI FL 33126

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 ____________________ DATE
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) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
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	DP TAPPERI, MARIO 1395 BRICKELL AVENUE MIAMI FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TAPPERI, MILA 1395 BRICKELL AVENUE MIAMI FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED Mario Tapperi — 7/2/01 — (305) 539-7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)