

03 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075074

1. Entity Name

MACH Investments, Inc



FILED

03 MAR 14 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

407 Lincoln Rd #

Suite, Apt. #, etc.

500

3. Mailing Address

407 Lincoln Rd

Suite, Apt. #, etc.

500

City & State

MIAMI Beach FL

City & State

MIAMI Beach FL

Zip

33139

Country

Dade

Zip

33139

Country

Dade

4. FEI Number

65-0527162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

LUIS G. BRITO

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

407 Lincoln Rd #500

City

MIAMI Beach FL

Zip Code

33139

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/25/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be  
Added to Fees

700014999537

03/14/03--01103--003 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME Miguel Angel Chibras  
STREET ADDRESS 5445 COLLINS AVENUE TH-4  
CITY-ST-ZIP MIAMI Beach FL 33140

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/03

Date

Daytime Phone #

(305) 8612979