## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## DOCUMENT # **P94000087794** Apr 13, 2000 8:00 am Secretary of State C & R INVESTMENTS, INC. 04-13-2000 90032 019 \*\*\*158.75 Mailing Address Principal Place of Business 1430 71 STREET 1430 71 STREET MIAMI BEACH FL 33141 MIAMI BEACH FL 33141-3623 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. Applied For City & State City & State 4. FEI Number 65-0546527 Not Applicable Country. \$8.75 Additional Country,\_\_ Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, AUGUSTO E Street Address (P.O. Box Number is Not Acceptable) 1430 71 ST. N MIAMI BEACH FL 33141 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ■ Addition TITLE Change ☐ Delete TITLE RODRIGUEZ. AUGUSTO E NAME NAME STREET ADDRESS STREET ADDRESS 1430 71 STREET CITY-ST-ZIP CITY-ST-7IP N MIAMI BEACH FL ☐ Addition Change Change TITLE ☐ Delete CIBULA, DAVID NAME 1611 NW 91ST AVE, 3-214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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

2; Prosident) 3/4/00 305-682-1805