

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011431

1. Entity Name

PESTANA INVESTMENTS, INC.

Principal Place of Business

911 N.E. 8TH STREET
POMPANO BEACH FL 33060
US

Mailing Address

911 N.E. 8TH ST.
POMPANO BEACH FL 33060-5701
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90088 038 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0578929

Applied For

Not Applicable

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

PESTANA, MARINA & JOSE
911 NE 8TH ST
POMPANO BEACH FL 33441

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-00

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, 2000 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
PTD
PESTANA, JOSE R
911 N.E. 8TH ST.
POMPANO BEACH FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
PESTANA, MARINA
911 N.E. 8TH ST.
POMPANO BEACH FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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STREET ADDRESS
CITY-ST-ZIP



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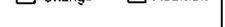
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CITY-ST-ZIP



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/2000 *954-9305*

CR2E034 (9/99)