

-2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034495

1. Entity Name

D.L.O. INVESTMENTS INC.

Principal Place of Business

Mailing Address

1313 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES FL 33134

1313 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES FL 33134-3343

2. Principal Place of Business

8721 CSW INVESTMENT INC.

3. Mailing Address

8721 SW SW 43 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8721 SW 43 ST.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA 33165

Zip
33165

Country
USA

Zip
33165

Country
USA



REINSTATEMENT

4. FEI Number 65-0581473

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA OSA, ANTERO
1313 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
ANTERO DE LA OSA
Street Address (P.O. Box Number is Not Acceptable)
8721 SW 43 ST
City MIAMI FL Zip Code 33165

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

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

ANTERO DE LA OSA

10/13/00

(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, 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

TITLE
NAME DE LA OSA, ANTERO ☐ Delete
STREET ADDRESS 1313 PONCE DE LEON BLVD., SUITE 300
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DE LA OSA, ANTERO ☒ Change ☐ Addition
STREET ADDRESS 8721 SW 43 ST.
CITY-ST-ZIP MIAMI, FLORIDA 33165

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 700003440667--1
CITY-ST-ZIP -10/26/00--01069--015
****750.00 ****750.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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

10/13/00 305-552-5194
Date Daytime Phone #