

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90633 008 ***150.00

DOCUMENT # P95000096282

1. Entity Name
CEJAS HERITAGE INVESTMENTS, INC.



Principal Place of Business
**420 LINCOLN RD
PENTHOUSE
MIAMI BEACH FL 33139
US**

Mailing Address
**PO BOX 191768
MIAMI FL 33119-1768
US**



2. Principal Place of Business
420 Lincoln Road

3. Mailing Address
Suite, Apt. #, etc.

Suite 443

City & State
Miami Beach, FL

City & State

4. FEI Number **65-0639853**

Applied For
Not Applicable

Zip
33139

Country
Dade

Zip

Country

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

**PLC INVESTMENTS INC
420 LINCOLN RD, PENTHOUSE
MIAMI BEACH FL 33139**

Name
PLC Investments, Inc.
Street Address (P.O. Box Number is Not Acceptable)
420 Lincoln Road
Suite 443
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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPDT
CEJAS, PABLO L
420 LINCOLN RD, PENTHOUSE
MIAMI BEACH FL 33139** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MONTERO, HILDA C
420 LINCOLN RD, PENTHOUSE
MIAMI BEACH FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**420 Lincoln Road, Suite 443
Miami Beach, FL 33139** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CEJAS, PAUL L
420 LINCOLN RD, PENTHOUSE
MIAMI BEACH FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**420 Lincoln Road, Suite 443
Miami Beach, FL 33139** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PELLEGRINI, NINA
1430 AUDUBON AVE.
MONTARA CA 94037** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Gertie Cejas
420 Lincoln Road, Suite 443
Miami Beach, FL 33139** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

305-531-5220

Daytime Phone #

CR2E034 (10/02)