

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097741

1. Entity Name  
**TONIT INVESTMENT, INC.**

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90118 012 \*\*\*158.75

Principal Place of Business      Mailing Address  
7400 NW 7TH ST.      7400 NW 7TH ST.  
SUITE 109      SUITE 109  
MIAMI FL 33126      MIAMI FL 33126-2943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number **65-0751276**      Applied For  
Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CASTILLO, ALVARO B**  
**1533 SUNSET DRIVE**  
**SUITE 201**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1390 BRICKELL AVE., SUITE 200**  
City **MIAMI,**      **FL**      Zip Code **33131**

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 **1-31-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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	<b>D</b> <b>MAFUD, RAUL ABRAHAM</b> <b>7350 N.W. 7TH ST. SUITE 105</b> <b>MIAMI FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RAUL ABRAHAM MAFUD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7400 N. W. 7th ST. SUITE 109</b> <b>MIAMI, FL. 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAFUD, SERGIO ABRAHAM</b> <b>7350 N.W. 7TH ST. SUITE 105</b> <b>MIAMI FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SERGIO ABRAHAM MAFUD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7400 N. W. 7th ST. SUITE 109</b> <b>MIAMI, FL. 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROSADO, CARLOS</b> <b>7400 NW 7TH ST., SUITE 109</b> <b>MIAMI FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CARLOS ROSADO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:      Date **01/31/00 (305) 267-2120**      Daytime Phone #

CR2E034 (9/99)