

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90112 003 ***150.00

DOCUMENT # P96000026714**1. Entity Name**
AFRINVEST, INC.**Principal Place of Business****601 BRICKELL KEY DR**
805
MIAMI FL 33131
US**Mailing Address****601 BRICKELL KEY DR**
805
MAIMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0766454**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****ALLEN & GALEGO**
601 BRICKELL KEY DR
805
MIAMI FL 33131**7. Name and Address of New Registered Agent**

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**

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

(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, 2002 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	<input type="checkbox"/> Delete
	SS	ALLEN, JR ROBERT N	601 BRICKELL KEY D, STE 805 MIAMI FL 33131	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	SD	MORENO, RODRIGO ALBERTO	601 BRICKELL KEY DRIVE, SUITE 805 MIAMI FL 33131	<input type="checkbox"/> Delete
-------	----	-------------------------	---	---------------------------------

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	--	--	--	---------------------------------	-----------------------------------

TITLE	TD	FERRER DE CARLES, ENNA MARIA	601 BRICKELL KEY DRIVE, SUITE 805 MIAMI FL 33131	<input type="checkbox"/> Delete
-------	----	------------------------------	---	---------------------------------

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	--	--	--	---------------------------------	-----------------------------------

TITLE	PD	RAMIREZ, ALFREDO	601 BRICKELL KEY DRIVE, SUITE 805 MIAMI FL 33131	<input type="checkbox"/> Delete
-------	----	------------------	---	---------------------------------

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	--	--	--	---------------------------------	-----------------------------------

TITLE	VD	LOPEZ ALFARO, LUIS R	601 BRICKELL KEY DRIVE, SUITE 805 MIAMI FL 33131	<input type="checkbox"/> Delete
-------	----	----------------------	---	---------------------------------

TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	--	--	--	---------------------------------	-----------------------------------

TITLE				<input type="checkbox"/> Delete
-------	--	--	--	---------------------------------

TITLE				<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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Allen, Jr

Date

Daytime Phone #

CR2E034 (9/01)