

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063622

1. Entity Name

PIX LATIN AMERICA INVESTMENTS CORP.

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90139 004 ***150.00

Principal Place of Business

ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD., SUITE 1616
MIAMI FL 33131

Mailing Address

ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD., SUITE 1616
MIAMI FL 33131

00031197



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 65-0687954

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

7. Name and Address of New Registered Agent

~~BERSTEIN, BARNARDA ESQ~~
~~ONE SE 3RD AVENUE~~
~~20TH FLOOR~~
~~MIAMI FL 33131~~

Name

Street Address (P.O. Box Number is Not Acceptable)

201 S Biscayne Blvd 1600 Miami Center
Miami FL 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

Signature, name, and 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, 2001 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHOUKROUN, DIDIER
200 S BISCAYNE BLVD SUITE 1616
MIAMI FL 33131-2310

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIVORI, ROBERTO
AVENIDA DEL BOSQUE NORTE 0177
LAS CONDES, SANTIAGO, CHILE

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)