2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P96000088684** 1 Entity Name BRITISH INVESTMENT, COMPANY 05-31-2000 90080 023 ***150.00 Mailing Address Principal Place of Business 901 PONCE DE LEON BLVD 901 PONCE DE LEON BLVD **STE 601** CORAL GABLES FL 33134-3073 CORAL GABLES FL 33134 US 3. Mailing Address 2. Principal Place of Business 11036SW77GCCir DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0747697 Not Applicable 1 ami \$8.75 Additional Country Country 5. Certificate of Status Desired *3315*6 Fee Required US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Năme OSORNO, JUAN Street Address (P.O. Box Number is Not Acceptable) 7171 CORAL WAY #200 **MIAMI FL 33155** Zip Code City F١ 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, OFFICERS AND DIRECTORS ☐ Addition ☐ Change D Delete TITLE TITLE OSORNO, JUAN NAME NAME 7171 CORAL WAY STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33155** ☐ Change ☐ Addition Delete TITI.E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.