

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093081

1. Entity Name

DOUBLE R INVESTMENTS INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90066 046 ***150.00

Principal Place of Business

6575 NW 36TH STREET
 SUITE 202
 VIRGINIA GARDENS FL 33166
 US

Mailing Address

P.O. BOX 52-6146
 MIAMI FL 33152-6146
 US

2. Principal Place of Business

601 SE 8TH STREET

Suite, Apt. #, etc.

3. Mailing Address

601 S.E. 8TH STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 HIALEAH, FLORIDA

Zip
 33010-5606

Country
 DADE

City & State
 HIALEAH, FLORIDA

Zip
 33010-5606

Country
 DADE

4. FEI Number 65-0718834

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERO, RUBEN P
 601 S E 8 STREET
 HIALEAH FL 33010-5606

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, 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

TITLE P
 NAME RIVERO, RUBEN P
 STREET ADDRESS 601 SE 8 ST
 CITY-ST-ZIP HIALEAH FL

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/99)