

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004499

1. Entity Name

CAMINA INVESTMENTS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90032 007 ***150.00

Principal Place of Business

Mailing Address

222 S. WESTMONTE DR
STE 211
ALTAMONTE SPRINGS FL 32714
US

222 S. WESTMONTE DR
STE 211
ALTAMONTE SPRINGS FL 32714-4269
US

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

59-3448044

Applied For

Not Applicable

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

BLACK, RONALD W
222 S. WESTMONTE DR
STE 211
ALTAMONTE SPRINGS FL 32714

Name **TOUFIC JAMMAL**
Street Address (P.O. Box Number is Not Acceptable)
1685 LEE ROAD
SUITE NO. 210
City **WINTER PARK** FL Zip Code **32789**

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

03/29/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JAMMAL, TOUFIC	222 S. WESTMONTE DR-STE 211	ALTAMONTE SPRINGS FL 32714	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. JAMMAL, DIRECTOR

Date

Daytime Phone #

03/29/2000 (407) 647.7754

CR2E034 (9/99)