

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004499

1. Entity Name

CAMINA INVESTMENTS, INC.

FILED

May 18, 2001 8:00 am  
Secretary of State

05-18-2001 90007 008 \*\*\*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~~  
~~US~~

2. Principal Place of Business

3520 WEST LINA LANE

3. Mailing Address

3520 WEST LINA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FLORIDA

City & State

APOPKA, FLORIDA

Zip

32703

Country

Zip

32703

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

JAMMAL, TOUFIC  
1685 LEE ROAD  
STE 210  
WINTER PARK FL 32789

Name

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

3520 WEST LINA LANE

City

APOPKA

FL

Zip Code

32703

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

TOUFIC JAMMAL

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-01

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 D  
STREET ADDRESS JAMMAL, TOUFIC  
CITY-ST-ZIP ~~222 S. WESTMONTE DR STE 211~~  
~~ALTAMONTE SPRINGS FL 32714~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3520 WEST LINA LANE  
CITY-ST-ZIP APOPKA, FLORIDA 32703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-01

CR2E034 (10/00)