

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012652

1. Entity Name

C & O INVESTMENTS, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90327 028 ***150.00

Principal Place of Business

9221 SW 66TH STREET
MIAMI FL 33173

Mailing Address

9221 SW 66TH STREET
MIAMI FL 33173

2. Principal Place of Business

1101 Brickell Avenue

Suite, Apt. #, etc.

1700

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Address

1101 Brickell Avenue

Suite, Apt. #, etc.

1700

City & State

Miami, FL

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0738108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTEGA, RAFAEL
9221 SW 66TH STREET
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

Beatriz M. Capote

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

1101 Brickell Avenue

17TH Floor

City

Miami

FL

Zip Code

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 X

Signature typed or printed name of registered agent and officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

1-15-01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ORTEGA, RAGAE MR	
STREET ADDRESS	9221 S.W. 6 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORTEGA, EDY MRS	
STREET ADDRESS	9221 S.W. 66 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ORTEGA, MRS. EDY	
STREET ADDRESS	9221 SW 66 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

305-374-1555

Daytime Phone #

CR2E034 (10/00)