

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000030758**

1. Entity Name

**NAFTA INVESTMENTS, INC.****FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90051 017 \*\*\*150.00

0104420

Principal Place of Business 2455 HOLLYWOOD BLVD. SUITE 107 HOLLYWOOD FL 33020	Mailing Address 2455 HOLLYWOOD BLVD. SUITE 109 HOLLYWOOD FL 33020
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2. Principal Place of Business 1222 NE 4th Avenue Suite, Apt. #, etc.	3. Mailing Address 1222 NE 4th Avenue Suite, Apt. #, etc.
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City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33304	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0745889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LABOSSIERE, MARC 1222 N.E. 4TH AVENUE FORT LAUDERDALE FL 33304-1925	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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

04/27/01

Date

954-763-4214

Daytime Phone #

CR2E034 (10/00)