

4/13

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90068 003 \*\*\*150.00

**DOCUMENT # P97000051405**

1. Entity Name

**FDM & SON INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

**13780 SOUTHWEST 56 STREET**  
**SUITE 210**  
**MIMAI FL 33175**

**13780 SOUTHWEST 56 STREET**  
**SUITE 210**  
**MIMAI FL 33175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0759899**

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

**MELENDEZ, DINORAH**  
**13780 SW 56TH ST**  
**SUITE 210**  
**CORAL GABLES FL 33134**

**FRANK D. MONTOTO**  
 Street Address (P.O. Box Number is Not Acceptable)

**13180 S.W. 56 St.****SUITE 210**City **MIAMI**

FL

Zip Code **33175**

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 reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>POST</b>			<input type="checkbox"/>		<b>PDST</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>MONTOTO, FRANK D</b>									
	<b>13780 SW 56 ST, STE 210</b>									
	<b>MIMAI FL 33175</b>									
	<b>STD</b>			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>MELENDEZ, DINORAH A</b>									
	<b>13780 SW 56 ST, STE 210</b>									
	<b>MIMAI FL 33175</b>									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

4/10/01

(305) 387-4717

Date

Telephone #

CR2E034 (10/00)