

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071371

1. Entity Name

777 INVESTMENTS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90059 041 ***150.00

Principal Place of Business

Mailing Address

130 E. FLAGLER ST.
MIAMI FL 33131

C/O ALLAN DOYLE
175 FONTAINEBLEAU BLVD., SUITE 1-B
MIAMI FL 33172-4511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

145 E. FLAGLER ST.

145 E. FLAGLER ST.

Suite, Apt. #, etc.

SUITE C-5

Suite, Apt. #, etc.

SUITE C-5

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-0778061

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

Name

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

City

FL

Zip Code

DOYLE, ALLAN
175 FONTAINEBLEAU BLVD.
SUITE 1-B
MIAMI FL 33172

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) ☐

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	PD	<input type="checkbox"/> Delete
NAME	AVNRI, MARLON	
STREET ADDRESS	801 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (9/99)

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

1-14-00

Date

(305) 379-1925

Daytime Phone #