FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # p98000008593

1. Entity Name

Signature Property Investments, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2. Principal Place of Business	3. Mailing Address
10520 NW 26th Street	Same
Suite, Apt. #, etc.: C-201	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33172 Country: USA	Zip Country

4. FEI Number: 650839564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Jose E. Cabanas

Street Address (P.O. Box Number is Not Acceptable): 10520 NW 26th Street

C-201

City: Miami FL Zip Code: 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: N/A
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jose L. Zapata 10520 NW 26 St., C201, Miami, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jose E. Cabanas 10520 NW 26 St., C201, Miami, FL
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jose E. Cabanas 8/16/02 8/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone