FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 10 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P48000037016

1. Entity Name
717 Investments, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
717 Ponce de Leon Blvd.	717 Ponce de Leon Blvd.
Suite, Apt. #, etc. #2 Suite 230	Suite, Apt. #, etc. Suite 230
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134 Country USA	Zip 33134 Country USA

4. FEI Number 65-0830518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ramon Portela

Street Address (P.O. Box Number is Not Acceptable): 717 Ponce de Leon Blvd. Suite 230

City: Coral Gables FL Zip Code: 33134

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 of Officer or Director Required if applicable. DATE: Registered Agent signature required when reinstating 10-9-02

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 $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	Otto Newman, President 717 Ponce de Leon Blvd. #230 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ramon Portela, Secretary and Vice President 717 Ponce de Leon Blvd. #230
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

REINSTATEMENT 01-02

000008722000
10/31/02--01002--021 **908.75

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/02 (305) 441-1488
Date Daytime Phone #