

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90052 035 ***150.00

DOCUMENT # P98000042513

1. Entity Name
CAM INVESTMENTS, INC.

Principal Place of Business | Mailing Address
2110 NE 59TH COURT | 2110 NE 59TH COURT
FORT LAUDERDALE FL 33308 | FORT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 3. Mailing Address
 Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State | 4. FEI Number **65-0849325** | Applied For
 Not Applicable
 Zip | Country | Zip | Country | 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	
EMERY, MICHAEL R ONE FINANCIAL PLAZA SUITE 2020 FORT LAUDERDALE FL 33394		Name <u>Joanne Fanizza, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2700 E. Oakland Park Blvd.</u> <u>Suite D</u> City <u>Fort Lauderdale</u> FL Zip Code <u>33306</u>	

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] DATE 1/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	DPS CLUNE, HUBERT B 2110 NE 59TH COURT FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT METZGER, LYLE W 2110 NE 59TH COURT FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Hubert B Clune DATE: 1/17/01 DAYTIME PHONE #: (954) 267-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)