

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000045994**

1. Entity Name

WORTH INVESTMENTS, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90099 048 ***150.00

0160085

Principal Place of Business

**626 CORAL WAY, SUITE 16
CORAL GABLES FL 33134**

Mailing Address

**626 CORAL WAY, SUITE 16
CORAL GABLES FL 33134**

2. Principal Place of Business

550 Biltmore Way

Suite, Apt. #, etc.

Suite 1210

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Address

550 Biltmore Way

Suite, Apt. #, etc.

Suite 1210

City & State

Coral Gables, FL

Zip

33134

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0843154

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A
C/O GREENBERG, TRAUIG ET AL
1221 BRICKELL AVE
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE **PD** ☐ Delete
NAME **ROGER, OSCAR**
STREET ADDRESS **626 CORAL WAY, SUITE 16**
CITY-ST-ZIP **CORAL GABLES FL 33134**TITLE **DVS** ☐ Delete
NAME **CASTRO, MAYREN R**
STREET ADDRESS **626 CORAL WAY STE 16**
CITY-ST-ZIP **CORAL GABLES FL 33134**TITLE **VT** ☐ Delete
NAME **HERNANDEZ, ARNALDO**
STREET ADDRESS **626 CORAL WAY STE 16**
CITY-ST-ZIP **CORAL SPRINGS FL 33134**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **550 Biltmore Way, Suite 1210**
CITY-ST-ZIP **Coral Gables, FL. 33134**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **550 Biltmore Way, Suite 1210**
CITY-ST-ZIP **Coral Gables, FL. 33134**TITLE ☒ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Oscar Roger**4/30/01**

Date

305/448-4091

Daytime Phone #

CR2E034 (10/00)