

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 26 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049037

1. Entity Name

GLENRIDGE INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 Brickell Avenue, Suite 850

3. Mailing Address

701 Brickell Avenue, Suite 850

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0875020

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ONOFRE, TORRES

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

701 Brickell Avenue, Suite 850

City

Miami

FL

Zip Code

33131

DO NOT WRITE
IN THIS SPACE

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/30/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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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

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
TORRES, Onofre
701 Brickell Avenue, Suite 850
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000008777610
11/26/02--01052--003 **\$600.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
WEIG, David
789 Crandon Blvd., Tower 1 #305
Miami, FL 33149

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000008777610
11/04/02--01041--002 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
TORRES, Philip A.
210 E. State St.
Batavia, IL 60510

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DO NOT WRITE
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Batavia, IL 60510

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DO NOT WRITE
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP
12/13

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

(305) 371-2776

Daytime Phone #

CR2E034B (12/01)