## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000095527 1. Entity Name CEDAR INVESTMENTS, INC.

FILED May 15, 2000 8:00 am Secretary of State

05-15-2000 90309 012 \*\*\*150.00

Mailing Address

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2400 E. LAS OLAS BLVD. STE. 189 T. LAUDERDALE FL 33301-1529

Principal Place of Business

2400 E. LAS OLAS BLVD. STE. 189 FT. LAUDERDALE FL 33301-1529

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HATEM, SALIM Street Address (P.O. Box Number is Not Acceptable) 2400 E. LAS OLAS BLVD. STE. 189 FT. LAUDERDALE FL 33301-1529 Zip Code City

(NOTE: Registered Agent signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE .

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

CR2E034 (9/99

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE HATEM, SALIM NAME NAME 2400 E. LAS OLAS BLVD. STE. 189 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301-1529 CITY-ST-ZIP CITY-ST-ZIP Addition TITI F ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR