## 2000 UNIFORM BUSINESS REPORT (UBR)

RE AND TYPED OR PRINTED NAME OF SIGNI

## **FILED** DOCUMENT # P98000101163 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name JOWI INVESTMENT, INC. 04-13-2000 90074 013 \*\*\*150.00 Mailing Address Principal Place of Business 175 FONTAINBLEAU BLVD STE 1R 175 FONTAINBLEAU BLVD STE 1R MIAMI FL 33172-4511 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0879423 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITRI, JORGE Street Address (P.O. Box Number is Not Acceptable) 175 FONTAINBLEAU BLVD STE 1R MIAMI FL 33172 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE MITRI, JORGE E NAME NAME STREET ADDRESS STREET ADDRESS 175 FONTAINBLEAU BLVD STE 1R CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 Addition ☐ Change ☐ Delete TITLE DE MITRI, WIDAD Y NAME ---NAME STREET ADDRESS 175 FONTAINBLEAU BLVD STE 1R STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE 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 ☐ Addition Change 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.