

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 22, 2000 8:00 am**
Secretary of State

04-24-2000 90112 046 ***150.00

DOCUMENT # P99000017330

1. Entity Name

ACTUEL INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**444 BRICKELL AVENUE
SUITE 912
MIAMI FL 33131****444 BRICKELL AVENUE
SUITE 912
MIAMI FL 33132-2305**

2. Principal Place of Business

3. Mailing Address

**100 Biscayne Blvd
Suite, Apt. #, etc.
2904****100 Biscayne Blvd
Suite, Apt. #, etc.
2904****City & State
Miami FL****City & State
Miami FL****Zip Country
33132-2305 USA****Zip Country
33132-2305 USA**

4. FEI Number

65-0897016

Applied For

Not Applicable

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

**ZISKIND & ARVIN, P.A.
444 BRICKELL AVENUE
SUITE 912
MIAMI FL 33131****Name
Actual Investments, Inc.
Street Address (P.O. Box Number is Not Acceptable)
100 Biscayne Blvd #2904
City
Miami FL FL Zip Code
33132**

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 of officer or director 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, 2000 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	<input type="checkbox"/> Delete
President	Nicolas de Saint Sauveur	100 N. Biscayne Blvd # 2904	MIAMI FL 33132	<input type="checkbox"/>
Secretary	Nicolas de Saint Sauveur	Same address		<input type="checkbox"/>
Treasurer	Nicolas de Saint Sauveur	Same address		<input type="checkbox"/>
Director	Nicolas de Saint Sauveur	Same address		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/99)