

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91031 046 ***150.00

DOCUMENT # P99000017330

1. Entity Name
ACTUEL INVESTMENTS, INC.



Principal Place of Business
100 BISCAYNE BLVD
#2904
MIAMI FL 33131

Mailing Address
100 BISCAYNE BLVD
#2904
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

100 N Biscayne Blvd
Suite #2904
Miami, FL
33132

100 N Biscayne Blvd
Suite #2904
Miami, FL
33132



☐ CHECK HERE IF MAKING CHANGES

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

ACTUEL INVESTMENTS, INC
100 BISCAYNE BLVD
#2904
MIAMI FL 33131

Name *Benichay, Brigitte*
Street Address (P.O. Box Number is Not Acceptable) *100 N Biscayne Blvd*
Suite *2904*
City *Miami* **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Brigitte Benichay* **DATE** *4/6/03*
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|-----------------------|-----------------------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | DE SAINT SAUVEUR, NICOLAS | |
| STREET ADDRESS | 100 N BISCAYNE BLVD, #2904 | |
| CITY-ST-ZIP | MIAMI FL 33132 | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brigitte Benichay* **DATE** *05/01/03* **Daytime Phone #** *305 3797202*
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)