

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1.

FILED

Jun 16, 2000 8:00 am  
Secretary of State

05-13-2000 90018 014 \*\*\*150.00

DOCUMENT # P99000038972

1. Entity Name

CROMWELL INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1731 SE 15TH ST., SUITE 411  
FT. LAUDERDALE FL 33316

1731 SE 15TH ST., SUITE 411  
FT. LAUDERDALE FL 33316-3016

2. Principal Place of Business

1731 SE 15 ST

3. Mailing Address

1731 SE 15 ST

Suite, Apt. #, etc.

SUITE 411

Suite, Apt. #, etc.

SUITE 411

City & State

Fort LAUDERDALE, FLORIDA

City & State

Fort LAUDERDALE, FLA

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

4. FEI Number

65-0993875

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

MARTINELLI, VINCENT

1731 SE 15TH ST., SUITE 411  
FT. LAUDERDALE FL 33316

Name

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

City

FL

Zip Code

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 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 ☐ Delete  
NAME *Registered agent*  
STREET ADDRESS *Vincent R. Martinelli*  
CITY-ST-ZIP *1731 SE 15th St. #411*  
*Fort Lauderdale, Fla. 33316*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vincent R. Martinelli* / VINCENT R. MARTINELLI 4/27/00 (305-933-8779)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #