

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042426

1. Entity Name

EL CAMINO INVESTMENTS CORP.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90006 041 ***558.75

0043761 AV

Principal Place of Business
601 S.W. 57TH AVENUE
SUITE A
MIAMI FL 33144

Mailing Address
601 S.W. 57TH AVENUE
SUITE A
MIAMI FL 33144

A0080659



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8236 N.W. 68 Street
 Suite, Apt. #, etc.

3. Mailing Address
8236 N.W. 68 Street
 Suite, Apt. #, etc.

City & State
Miami, Florida
 Zip
33166
 Country
U.S.A.

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Miami, Florida
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 Country
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4. FEI Number
65-0939413
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAW FIRM OF MANFRED ROSENOW, P.A.
601 S.W. 57TH AVENUE
SUITE A
MIAMI FL 33144

7. Name and Address of New Registered Agent
 Name
Leonor Llano
 Street Address (P.O. Box Number is Not Acceptable)
8236 N.W. 68 St.
 City
Miami, Florida **FL** Zip Code
33166

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

(NOTE: Registered Agent signature required when reinstating)

08-03-01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LLANO-MATIZ, LEONOR 601 S.W. 57TH AVENUE, SUITE A MIAMI FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LLANO-MATIZ, LEONOR 601 S.W. 57TH AVENUE, SUITE A MIAMI FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 another person empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-03-01
 Date

(305) 513 0505
 Daytime Phone #

CR2E034 (5/01)