

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065486

1. Entity Name

INVESTMENTS, 2,000 GROUP, INC.

090800
FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
00 SEP 11 AM 10:36

Principal Place of Business

Mailing Address

2. Principal Place of Business

3211 N.W. 27th. Avenue

Suite, Apt. #, etc.

3. Mailing Address

3211 N.W. 27th. Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0941230

Applied For

Not Applicable

Zip

33142

Country

Miami-Dade

Zip

33142

Country

Miami-Dade

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

6. Name and Address of Current Registered Agent

JULIO C. SOMEILLAN
8045 Abbott Ave #19,
Miami Beach, FL 33141

7. Name and Address of New Registered Agent

Name

ELENA GONZALEZ

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

2759 N.W. 30th. Street,

City

Miami

FL

Zip Code

33142

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

Registered Agent

July 5th., 2000

Signature, type 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

TITLE D ☒ Delete
NAME JULIO C. SOMEILLAN
STREET ADDRESS 8045 Abbott Ave #19,
CITY-ST-ZIP Miami Beach, FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME ELENA GONZALEZ
STREET ADDRESS 2759 N.W. 30th. Street,
CITY-ST-ZIP Miami, Florida 33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003400824--9
-09/21/00--01024--027
*****61.25 *****61.25

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Elena Gonzalez, President

July 5th., 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)