2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000074000

1. Entity Name

4452 INVESTMENTS, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90120 027 ***150.00

Principal Place of Business 1900 SUNSET HARBOUR DR COMMERCIAL UNITS A-F MIAMI BEACH FL 33139			1900 COMM	Mailing Address 1900 SUNSET HARBOUR DR COMMERCIAL UNITS A-F MIAMI BEACH FL 33139								
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt.	#, etc.		Suit	e, Apt. #, etc.		····		☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. F	65-1044432			oplied For ot Applicable	
Zip		Country	Zip		Country		5. (Certificate of Status Desired		8.75 Addee Require		
	6. Name	and Address of	Current Registere	ed Agent			7. 1	Name and Address of New Re	gistered Ag	jent		
FOWLER, BURNETT W						Name Street Address (P.O. Box Number is Not Acceptable)						
100 SE 21	ND STREET	;	-		S(reet Address ((1.0. 1	ox Number is Not Acceptable)				
17TH FLO	OR	, `	•									
MIAMI FL					Ci	ity			FL	Zip Cod	e	
8. The above the obligat	named entity tions of regist	submits this state ered agent.	ement for the purp	oose of changing its	registered of	fice or registe	red ag	ent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of regist	ered agent and title if app	olicable. (NOTE	E: Registered Ager	nt signature required	d when re	einstating)	DATE			
Afte	r May 1, 200	L FEE IS \$150 3 Fee will be \$ Florida Depart	550.00					Election Campaign Fina Trust Fund Contribution.		Addeo	0 May Be d to Fees	
10.		OFFIGE	RS AND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S (N 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JOHN A SET HARBOUR ACH FL 33139	DRIVE, #1	☐ Delete	TITLE NAME STREET ADO CITY-ST-Z	- 1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		مستحدد والمستجد	سيد المحاجم عديد	☐ Delete	TITLE NAME STREET ADO	l l	. پوسیم			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADO CITY-ST-ZI	1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADI CITY-ST-ZI	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADI					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADD					☐ Change	Addition	

12. Thereby certify that the information supplied with this fling 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 trustate 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: