

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075547

1. Entity Name

1097 LEJEUNE INVESTMENTS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90371 033 ***150.00

Principal Place of Business

710 SOUTH DIXIE HIGHWAY
 CORAL GABLES FL

Mailing Address

710 SOUTH DIXIE HIGHWAY
 CORAL GABLES FL 33146-2602



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1097 S.W. LEJEUNE

3. Mailing Address

570 MARQUESA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FE Number

65-0957908

Applied For

Not Applicable

Zip

33134

Country

US

Zip

33156

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARAN, FERNANDO S
 710 SOUTH DIXIE HIGHWAY
 CORAL GABLES FL

7. Name and Address of New Registered Agent

Name

ALBERTO J. ARAN

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

570 MARQUESA DR

City

CORAL GABLES

FL

Zip Code

33156

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

ALBERTO J. ARAN

5/1/00

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 | <input type="checkbox"/> Delete |
| NAME | ARAN, ALBERTO | |
| STREET ADDRESS | 570 MARQUESA DRIVE | |
| CITY-ST-ZIP | CORAL GABLES FL 33156 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ARAN, LUCI | |
| STREET ADDRESS | 570 MARQUESA DRIVE | |
| CITY-ST-ZIP | CORAL GABLES FL 33156 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCI ARAN

5/1/00

305-442-2020

Date

Daytime Phone #

CR2E034 (9/99)