2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000094654**

BARANKA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

2050 SW 22ND STREET SUITE 200 MIAMI FL 33145

2050 SW 22ND STREET SUITE 200

MIAMI FL 33145-2636

FILED Apr 11, 2000 8:00 am Secretary of State

04-11-2000 90022 023 ***150.00



2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. 1	FEI Number 65-0973	012		plied For t Applicable		
Zip '	Country	Zip Count		ry	ì	Certificate of Status Desired	┌ \$	8.75 Add		
	6. Name and Address of Current Registered Agent			<u> </u>	7. [Name and Address of New Reg	istered Ag	gent		
STORCHEVOY, LEONARD 2875 NE 191ST STREET PH-1B AVENTURA FL 33180				Name Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Cod	В	
SIGNATURE 9. This corporate filing re	named entity submits this statement for Signature, typed or printed name of registered agent are oration is eligible to satisfy its Intangible equirement and elects to do so.	id title if applicable. (NO	TE: Registered	Agent signature re IS \$150.00 will be \$550.	quired when n		DATE		0 May Be I to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	-	AE	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRANDAO, TERRENCE G 2400 SW 3RD AVE. #601 MIAMI FL 33129	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CANNEGIETER, MICHAEL 2400 SW 3RD AVE. #601 MIAMI FL 33129	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete					-	☐ Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E ET ADDRESS -ST- ZIP	in Section	119.07(3)(i). Florida Statutes. I		☐ Change	Addition	

I nereby certify that the information supplied with this filling does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR