

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096153

1. Entity Name

H.M.L. INVESTMENTS, INC.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90028 006 \*\*\*150.00

Principal Place of Business

2121 PONCE DE LEON BLVD. SUITE 920  
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD. SUITE 920  
CORAL GABLES FL 33134-5218

2. Principal Place of Business

3901 NW 79th AVE.

Suite, Apt. #, etc.

SUITE 107

3. Mailing Address

3901 NW 79th AVE.

Suite, Apt. #, etc.

SUITE 107

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

4. FEI Number

05-0959130

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARVESU, MANUEL M ESQ  
2121 PONCE DE LEON BLVD, SUITE 920  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 PSD  
NAME SALAS, MAGGIE  
STREET ADDRESS 2121 PONCE DE LEON BLVD, SUITE 920  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ADDRESS CHANGE ONLY ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3901 NW 79th AVE., STE 107  
CITY-ST-ZIP MIAMI, FLORIDA 33166

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

*MAGGIE SALAS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/07/00 (305) 593-1260