

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V05526**

1. Entity Name

GOLDSZTEIN INVESTMENTS INC.

Principal Place of Business

Mailing Address

13060 S.W. 133 Court
Miami, FL 33131FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 13 PM 2:50

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

4. FEI Number

65-0393142

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Nelson Slosbergas
501 Brickell Key Drive, Suite 400
Miami, FL 33131

Name NS Corporate Services Inc.

Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Dr., Suite 400

City

Miami

FL

Zip Code

33131

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 State10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSZTEIN, SERGIO	
STREET ADDRESS	13060 S.W. 133 Ct	
CITY-ST-ZIP	Miami, FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSZTEIN, FERNANDO	
STREET ADDRESS	13060 S.W. 133 Ct	
CITY-ST-ZIP	Miami, FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SESSEGOLO, RICARDO	
STREET ADDRESS	13060 S.W. 133 Ct.	
CITY-ST-ZIP	Miami, FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POCZTARUK, ABRAHAM	
STREET ADDRESS	13060 S.W. 133 Ct	
CITY-ST-ZIP	Miami, FL	

TITLE	1	<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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 annual report or supplemental annual 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,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #