

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42874

1. Entity Name

STATUS INVESTMENTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90043 001 ***150.00

05-15-2000 90043 002 *****8.75

Principal Place of Business
1717 N BAYSHORE DR
UNIT #2041
MIAMI FL 33132

Mailing Address
1717 N BAYSHORE DR
UNIT #2041
MIAMI FL 33132-1157

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0337904**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALCANTARA, CAIO A.B.
1717D N BAYSHORE #2041
MIAMI FL 33132

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 _____ (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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------------|-----------------------------|-------------|---------------------------------|
| PD | ALCANTARA, CAIO A.B. | 1717 N. BAYSHORE DR. #2041 | MIAMI FL | <input type="checkbox"/> |
| SD | ALCANTARA, HEINE DE | 1717 N. BAYSHORE DR., #2041 | MIAMI FL | <input type="checkbox"/> |
| TD | GONCALVES, ANA CHRISTINA | 1717 N. BAYSHORE DR., #2041 | MIAMI FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: ALCANTARA CAIO A.B. (as president) Date: 04/27/2000 Daytime Phone #: 305-5891263

CR2E034 (9/99)