

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90034 020 ***150.00

0006275

DOCUMENT # V44647

1. Entity Name

COMMON INTERNATIONAL AND INVESTMENTS INC.

Principal Place of Business

Mailing Address

1240 S.W. 142ND AVENUE
 MIAMI, FL 33183

1240 S.W. 142ND AVENUE
 MIAMI, FL 33183

2. Principal Place of Business

3. Mailing Address

5620 NW 161 ST

5620 NW 161 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Hialeah, Florida

City & State
 Hialeah, FL

Zip
 33014

Country
 None

Zip
 33014

Country
 None

4. FEI Number

65-0341283

Applied For

Not Applicable

5. 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

PRAT, OSCAR
 1240 S.W. 142ND AVENUE
 MIAMI FL 33183

Name

PRAT OSCAR

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

5620 NW 161 ST

City

Hialeah

State

FL 33014

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PRAT, OSCAR	
STREET ADDRESS	10092 SW 143 PL	
CITY-ST-ZIP	MIAMI FL	
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		

TITLE	PRAT OSCAR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRAT OSCAR	
STREET ADDRESS	5620 N.W. 161 ST	
CITY-ST-ZIP	Hialeah, FL 33014	
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:

Oscar Prats President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-01 205-620-5557

Date

Daytime Phone #

CR2E034 (10/00)