

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

5620 NW 161 ST

3. Mailing Address

5620 NW 161 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mialeah, Florida

City & State

Mialeah, 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

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

7. Name and Address of New Registered Agent

Name

PRAT OSCAR
5620 NW 161 ST

City

Mialeah

State

FL

Zip

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

TITLE P
NAME PRAT, OSCAR
STREET ADDRESS 10092 SW 143 PL
CITY-ST-ZIP MIAMI FL

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRAT OSCAR
NAME PRAT OSCAR
STREET ADDRESS 5620 NW 161 ST
CITY-ST-ZIP Mialeah, FL 33014

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)