2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V61563

1. Entity Name

MAPA INVESTMENTS, INC.

Amended AR

FILED
00 MAY 22 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~330 GRECO AVE~~ ~~#104~~ ~~CORAL GEBLES FL 33146~~ ~~US~~	~~330 GRECO AVE~~ ~~#104~~ ~~CORAL GABLES FL 33136~~ ~~US~~
2. Principal Place of Business 4343 WEST FLAGLER STREET Suite, Apt. #, etc. SUITE 505	3. Mailing Address 200 SOUTH BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 4815
City & State MIAMI, FL	City & State MIAMI, FL
Zip: 33134 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 65-0358428 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZERBONE, ALEX
~~330 GRECO AVE~~
~~#104~~
~~CORAL GABLES FL 33146~~

7. Name and Address of New Registered Agent

Name: PIERO SALUSSOLIA

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

200 SOUTH BISCAYNE BLVD. SUITE 4815

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: PIERO SALUSSOLIA DATE: 04/20/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	~~PTS~~	☐ Delete	TITLE	DPTS	☐ Change ☐ Addition
NAME	~~ZERBONE, ALEX~~		NAME	ZERBONE, ALEX	
STREET ADDRESS	~~330 GRECO AVE. SUITE 104~~		STREET ADDRESS	4343 WEST FLAGLER ST. SUITE 505	
CITY-ST-ZIP	~~CORAL GABLES FL 33146~~		CITY-ST-ZIP	MIAMI, FL 33134	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	700003291247	☐ Change ☐ Addition
NAME			NAME	-06/15/00--01062--025	
STREET ADDRESS			STREET ADDRESS	*****61.25 *****61.25	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	TS	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 added, or on any attachment with an address, with all other like empowered.

SIGNATURE: ALEX ZERBONE 4/28/00 (305) 373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)