

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90236 001 \*\*\*600.00

**DOCUMENT # P00000080972**

1. Entity Name

**OFANDI INVESTMENTS INC.**

Principal Place of Business

**2688 S.W. 137 AVENUE  
 MIAMI FL 33175**

Mailing Address

**2688 S.W. 137 AVENUE  
 MIAMI FL 33175**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**SUAREZ, ROLANDO JR.  
 2688 S.W. 137 AVENUE  
 MIAMI FL 33175**

Name

Street Address

City

4. FEI Number **65-1096201**

Applied For

Not Applicable

**\$8.75 Additional  
 Fee Required**

Agent

Zip Code

*↑ I do not  
 have this # -  
 do you? must  
 be entered  
 before mailing.*

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 ☐ Delete

**D  
 SUAREZ, ROLANDO JR.  
 2688 S.W. 137 AVENUE  
 MIAMI FL 33175**

TITLE ☐ Delete

**D  
 SUAREZ, OFELIA  
 2688 S.W. 137 AVENUE  
 MIAMI FL 33175**

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 an officer like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4.01.2001 305 785 436*

CR2E034 (10/00)