2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
03-29-2002 91430 025 ***150.00

0629057 AB

DOCUMENT # P93000063374

1. Entity Name
BQN INVESTMENTS CORP.

Principal Place of Business
400 ROYAL PLAZA DRIVE
FT LAUDERDALE FL 33301

Mailing Address
G.P.O. BOX 364744
SAN JUAN PR 00936-4744
US

DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number 65-0438569 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
BEYER, STEPHEN M
700 SE THIRD AVE
SUITE 300
FT LAUDERDALE FL 33316

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 _____
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, 2002 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	C ☐ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME	GONZALEZ, HECTOR L	NAME	Livette González
STREET ADDRESS	20 DORADO ESTATES	STREET ADDRESS	20 Dorado Beach Estates
CITY-ST-ZIP	DORADO PR 00646	CITY-ST-ZIP	Dorado P R 00646
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, WANDA	NAME	
STREET ADDRESS	20 DORADO ESTATES	STREET ADDRESS	
CITY-ST-ZIP	DORADO FL 00646	CITY-ST-ZIP	
TITLE	VTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOLEDO, JUAN P	NAME	
STREET ADDRESS	PO BOX 145170 N/A	STREET ADDRESS	
CITY-ST-ZIP	ARECIBO PR	CITY-ST-ZIP	
TITLE	SD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, PEDRO R	NAME	
STREET ADDRESS	G.P.O. BOX 364744 N/A	STREET ADDRESS	
CITY-ST-ZIP	SAN JUAN PR	CITY-ST-ZIP	
TITLE	VD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LINARES, JOSEPH M	NAME	
STREET ADDRESS	PO BOX 145170 N/A	STREET ADDRESS	
CITY-ST-ZIP	ARECIBO PR	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: Héctor M. González REGISTERED 1/15/2002 (787) 783-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #