

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90010 043 \*\*\*550.00

0035251 AV

**DOCUMENT # F00000002250**

1. Entity Name

**STATETRUST INVESTMENTS, INC.**

Principal Place of Business

**C/O CAMDEM CAPITAL  
801 BRICKELL AVE., SUITE 932  
MIAMI FL 33131**

Mailing Address

**C/O CAMDEM CAPITAL  
801 BRICKELL AVE., SUITE 932  
MIAMI FL 33131**

UUU55707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**STATETRUST INVESTMENTS**

Suite, Apt. #, etc.

**800 BRICKELL AVE, 103**

City &amp; State

**MIAMI, FL**

3. Mailing Address

**800 BRICKELL AVE, 103**

Suite, Apt. #, etc.

**MIAMI, FL**

City &amp; State

4. FEL Number

**65-101-19-51**

Applied For

Not Applicable

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

Zip

Country

**33131**

Zip

Country

**33131**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**NRAI SERVICES, INC.****526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<b>PRESIDENT</b>	<b>VURGAT, DAVID</b>	<b>601 BRICKELL AVE., SUITE 932</b>	<b>MIAMI FL 33131</b>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>PRESIDENT</b>	<b>VURGAT, DAVID</b>	<b>800 BRICKELL AVE, 103</b>	<b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 a copy like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)