2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

628 SW 3RD STREET

HALLANDALE BEACH FL 33009

P02000118981 **DOCUMENT #**

1. Entity Name

INDIO INVESTMENTS, INC.

Principal Place of Business

HALLANDALE BEACH FL 33009

628 SW 3RD STREET



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90153 010 ***155.00

LACAMETAIL



e of Business							
C 01 20311003	3. Mailing Address Suite, Apt. #, etc.			IBAN BONIN DENIA FOLDA HILLER 			
atc.			CHECK HERE IF MAKING CHANGES				
	City & State		4. FEI Number Applied For Not Applicable				
Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Curr	ent Registered Agent	<u> </u>	7. Name and Address	of New Registered	Agent		
RASCO, NIURKA 628 SW 3RD STREET		Name					
		Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
E BEACH FL 33009							
		City	City FL Zip Code				
s of registered agent.				State of Florida. I am	familiar with,	and accept	
nature, typed or printed frame or registered a	gent and the mappingsio. (1)	O'C. Hogistora rigoni organico					
			Trust Fund (Contribution.		May Be to Fees	
OFFICERS A	AND DIRECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS	S IN 11	
STD ASCO, NIURKA 28 SW 3RD STREET ALLANDALE BEACH FL 330	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	☐ Change	Addition	
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		0	Change	Addition	
	Country 6. Name and Address of Curr RKA STREET E BEACH FL 33009 med entity submits this statement of registered agent. E NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550. ayable to Florida Department of FICERS ASTO ASCO, NIURKA 28 SW 3RD STREET	City & State Country Zip 6. Name and Address of Current Registered Agent RKA STREET E BEACH FL 33009 med entity submits this statement for the purpose of changing s of registered agent. **Now!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.00 ayable to Florida Department of State OFFICERS AND DIRECTORS STD ASCO, NIURKA 28 SW 3RD STREET ALLANDALE BEACH FL 33009 Delete Delete Delete Delete	City & State Country Zip Country	City & State Country S. Certificate of Status Name Name Name Street Address (P.O. Box Number is Not A Street Address (P.O. Box Number is Not A City med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the sof registered agent. City med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the sof registered agent. City med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the sof registered agent. City med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the sof registered agent. City E. NOW!!! FEE IS \$150.00 By 1. 2003 Fee will be \$550.00 By 1. 2003 Fee will be \$550.00 By 1. 2003 Fee will be \$550.00 By 1. 2004 Fee will be \$550.00 By 2. Election Ca Trust Fund (S TITLE NAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP	Country Country Country Country Country Country Country S. Certificate of Status Desired Name Name Name Street Address of Current Registered Agent 7. Name and Address of New Registered Street Address (P.O. Box Number is Not Acceptable) City FI med antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am so if registered agent and ties if applicable (NOTE: Replaced Agent signature registered agent, or both, in the State of Florida. It am so if registered agent and ties if applicable (NOTE: Replaced Agent signature registered agent, or both, in the State of Florida. It am so if registered agent and ties if applicable (NOTE: Replaced Agent signature registered agent, or both, in the State of Florida. It am so if registered agent. INOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. STD OFFICERS AND DIRECTORS IT IL NAME STREET ADDRESS CITY-ST-2P Detele TILE NAME STREET ADDRESS CITY-ST-2P Detele	City & State Country Zip Country S. Certificate of Status Desired See Required Fee Required Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Tity FL Zip Code Tity FL Zip Code Total Control Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Total Control Total Control Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Total Code Total Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Total Code Total Code Total Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Total Code Total Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Total Code Total Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Total Code Total Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Total Code Total Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Total Code Total Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Total Code Total Code Street Address (P.O. Box Number is Not Acceptable) City Total Code Street Address (P.O. Box Number is Not Acceptable) City Total Code Street Address (P.O. Box Number is Not Acceptable) City Total Code Street Address (P.O. Box Number is Not Acceptable) City City Total Code Street Address (P.O. Box Number is Not Acceptable) Total Code Street Address (P.O. Box Number is Not Acceptable) Total Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Total Code Street Address (P.O. Box Number is Not Acceptable) Total Code Street Address (P.O. Box Number is Not Acceptable) Total Code Street Address (P.O. Box Number is Not Acceptable) Total Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Total Code Street Address	

indicated on this report or 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 suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED