

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90007 017 ***150.00

0000410



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000092508

1. Entity Name
INVESTAMERICA, CORP.

Principal Place of Business 2901 SW 8TH STREET SUITE 206 MIAMI FL 33135	Mailing Address 2901 SW 8TH STREET SUITE 206 MIAMI FL 33135
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2. Principal Place of Business 8910 SW 80TH TERR. Suite, Apt. #, etc.	3. Mailing Address 8910 SW 80TH TERR. Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0711962	Applied For <input type="checkbox"/> Not Applicable
Zip 33173	Country USA	Zip 33173	Country USA

6. Name and Address of Current Registered Agent BOSCHETTI, MARISOL 2901 SW 8TH STREET SUITE 206 MIAMI FL 33135	7. Name and Address of New Registered Agent Name ERNESTO A. DIVO Street Address (P.O. Box Number is Not Acceptable) 8910 SW 80TH TERR. XXXXXXXXXX City MIAMI FL Zip Code 33173
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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: DATE: **01-07-01**

Signature, typed or printed name of registered agent and, 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIVO, ERNESTO A		NAME ERNESTO A. DIVO	
STREET ADDRESS 7641 S.W. 147 COURT		STREET ADDRESS 8910 SW 80 TH TERR.	
CITY-ST-ZIP MIAMI FL 33193-1112		CITY-ST-ZIP MIAMI, FL 33173-	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIVO, M. TERESITA		NAME ERNESTO A. DIVO	
STREET ADDRESS 7641 S.W. 147 COURT		STREET ADDRESS 8910 SW 80 TH TERR.	
CITY-ST-ZIP MIAMI FL 33193-1112		CITY-ST-ZIP MIAMI, FL 33173-	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: **01-07-01** 305/271-4578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)