

UNIFORM BUSINESS REPORT (UBR)

5/3/00-90083-039-\$150.00-\$150.00

DOCUMENT # P99000097698

1. Entity Name

INVESTMENT GROUP OF AMERICA, INC.

FILED

00 SEP 29 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7498 N.W. 49 ST.
LAUDERHILL FL 33319

Mailing Address

7498 N.W. 49 ST.
LAUDERHILL FL 33319-3435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca-Raton, FL

Zip

Country

Zip

Country

33496

U.S.A

4. FEI Number

65-0959521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHAJERPOUR, SIMA
7498 N.W. 49 ST.
LAUDERHILL FL 33319

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, 2000 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: President
NAME: Sima mohajerpour
STREET ADDRESS: 17639 Foxborough LN.
CITY-ST-ZIP: Boca Raton, FL 33496

TITLE: PRESIDENT
NAME: INVESTMENT GROUP OF AMERICA
STREET ADDRESS: 17639 FOXBOROUGH LN.
CITY-ST-ZIP: BOCA-RATON-FL-33496
☐ Change ☐ Addition

TITLE: Vice president
NAME: Mohammad Aboumahboub
STREET ADDRESS: 17639 Foxborough LN.
CITY-ST-ZIP: Boca Raton - FL 33496
☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ 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 all other like empowered.

SIGNATURE: Sima Mohajerpour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

954-557-7453

Date

Daytime Phone #

CR2E034 (9/99)

KE