

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 239859**

1. Entity Name

FIDELITY INVESTMENT CORPORATION**FILED**
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90202 047 ***150.00

Principal Place of Business

Mailing Address

845 NE 116 STREET
MIAMI FL 33161845 NE 116 STREET
MIAMI FL 33161-6331

C0030554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

111 N.E FIRST STREET

3. Mailing Address

111 N.E FIRST STREET

Suite, Apt. #, etc.

5TH FLOOR

Suite, Apt. #, etc.

5TH FLOOR

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-0947853

Applied For

Not Applicable

Zip

33132-2501

Country

Zip

33132-2501

Country

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

SPIEGELMAN, ROBERT I.
19 WEST FLAGLER ST, RM 518
MIAMI FL 33130

Name

WILLIAM J. SNIHUR, JR. ESQ.

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

1550 N.E MIAMI GARDENS DRIVE

SUITE 304

City

NORTH MIAMI BEACH

FL

Zip Code
33179

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 State10. 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 PD
NAME GERSTEN, FRANCES J
STREET ADDRESS 845 NE 116 STREET
CITY-ST-ZIP MIAMI, FL 33161 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33161 ☒ Change ☐ AdditionTITLE TSD
NAME GERSTEN, JUDITH
STREET ADDRESS 1801 CORAL WAY, STE 212
CITY-ST-ZIP MIAMI FL 33145 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 1801 CORAL WAY, STE 212 ☒ Change ☐ AdditionTITLE D
NAME GERSTEN, SHERRI
STREET ADDRESS 3 ISLAND AVENUE, #7-G
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)