

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 565610

1. Entity Name

INVESTACORP INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90028 012 \*\*\*150.00

Principal Place of Business      Mailing Address  
 15450 NEW BARN ROAD      15450 NEW BARN ROAD  
 MIAMI LAKES FL 33014      MIAMI LAKES FL 33014-2169

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1790176

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

ZWIGARD BRUCE A  
 8935 ARVIDA DR  
 CORAL GABLES FL 33156

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 PTD  
 NAME ZWIGARD, BRUCE  
 STREET ADDRESS 8935 ARVIDA DR  
 CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE VD  
 NAME SHERWOOD, SCOTT  
 STREET ADDRESS 11706 MELAEUCA WAY  
 CITY-ST-ZIP COOPER CITY FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE VSD  
 NAME FARRELL, PATRICK  
 STREET ADDRESS 5076 WATERS EDGE WAY  
 CITY-ST-ZIP COOPER CITY FL 33330

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE VD  
 NAME NESTEL, RANDY K.  
 STREET ADDRESS 8502 NW 16TH ST.  
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE V  
 NAME VERGA, JOSEPH  
 STREET ADDRESS 5761 NW 191 TERR  
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 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)