

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 565610

1. Entity Name

INVESTACORP INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90048 015 ***150.00

Principal Place of Business

15450 NEW BARN ROAD
MIAMI LAKES FL 33014

Mailing Address

15450 NEW BARN ROAD
MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

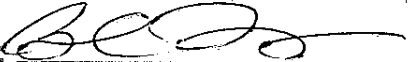
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PTD		<input type="checkbox"/> Delete		PDC		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	ZWIGARD, BRUCE	8935 ARVIDA DR	CORAL GABLES FL				
	VD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SHERWOOD, SCOTT	11706 MELAEUCA WAY	COOPER CITY FL				
	VSD		<input type="checkbox"/> Delete		VSDT		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	FARRELL, PATRICK	5076 WATERS EDGE WAY	COOPER CITY FL 33330				
	VD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NESTEL, RANDY K.	8502 NW 16TH ST.	MIAMI FL				
	V		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VERGA, JOSEPH	5761 NW 191 TERR	MIAMI FL				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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: 

Bruce A. Zwigard

4/25/01

(305) 557-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)