

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91845 003 \*\*\*150.00

**DOCUMENT #** 579154

**1. Entity Name**

Another Investment Company, Inc.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

670 E 58 St

Suite, Apt. #, etc.

**3. Mailing Address**

670 E 58 St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Hialeah FL

**City & State**

Hialeah FL

**4. FEI Number**

59-1874665

Applied For

Not Applicable

**Zip**

33013

**Country**

Dade

**Zip**

33013

**Country**

Dade

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Sarah K. Scire

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

670 E. 58 St.

**City**

Hialeah

**FL**

**Zip Code**

33013

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

P  
Sarah Scire  
670 E 58 St.  
Hialeah FL 33013

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

SD  
Sarah Scire  
670 E 58 St.  
Hialeah FL 33013

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

UPD  
Vivian Scire  
670 E. 58 St.  
Hialeah FL 33013

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Sarah K. Scire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 305-688-2200

Date

Daytime Phone #

CR2E034B (12/02)