

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 594778  
 1. Entity Name  
**AMERINVEST INC**

**FILED**

00 DEC 22 PM 12:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 1925 Brickell Avenue Suite D 202 Same  
 Miami, Florida 33129

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

*Amended*

WRITE IN THIS SPACE

4. FEI Number 59-2069557 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Freeman, Robert A  
 2601 S. Bayshore  
 Miami, FL 33133

7. Name and Address of New Registered Agent  
 Name: George Befeler  
 Street Address (P.O. Box Number is Not Acceptable): 80 SW 8th Street, Suite 3100  
 City: Miami, Florida 33130  
 State: 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]* DATE: 12/16/00  
 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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 NAME: SD Freeman, Robert	<input checked="" type="checkbox"/> Delete	TITLE NAME: SD George Befeler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: Freeman, Robert		STREET ADDRESS: 80 SW 8th Street, Suite 3100	
CITY-ST-ZIP:		CITY-ST-ZIP: Miami, Florida 33130	
TITLE NAME: D Christiansen, Lydia R.	<input type="checkbox"/> Delete	TITLE NAME: D Fatima Slotkin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: Christiansen, Lydia R.		STREET ADDRESS: 3400 Coral Way 7th FL	
CITY-ST-ZIP:		CITY-ST-ZIP: Miami, Florida 33145	
TITLE NAME:	<input type="checkbox"/> Delete	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	600003523936--1
CITY-ST-ZIP:		CITY-ST-ZIP:	-01/04/01--01099--020
TITLE NAME:	<input type="checkbox"/> Delete	TITLE NAME:	*****61.25 *****61.25
STREET ADDRESS:		STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		CITY-ST-ZIP:	LS
TITLE NAME:	<input type="checkbox"/> Delete	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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]* Fatima Slotkin DATE: 11/16/2000 8560452  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)