2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2001 8:00 am Secretary of State DOCUMENT # 648725 INDIAN INVESTMENTS INCORPORATED 03-28-2001 90210 038 ***150.00 Principal Place of Business Mailing Address 3191 SW 14TH PLACE 3191 SW 14TH PLACE STE #13 STE #13 OUTOUT USP **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1979695 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bruno. Melba r Street Address (P.O. Box Number is Not Acceptable) 3191 SW 14TH PLACE STE #13 **BOYNTON BEACH FL 33426** Zip Code FL 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete BRUNO, ANTHONY O. NAME NAME 3191 SW 14TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete BRUNO, MELBA R NAME NAME 3191 SW 14TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Change ☐ Addition TITLE Delete TITLE BRUNO. MELBA R NAME NAME:-STREET ADDRESS 3191 SW 14TH PLACE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗸