

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000004956

1. Entity Name
INVICTA GROUP INC.



FILED

04 MAR 11 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9553 HARDING AVE.
#301
MIAMI BEACH FL 33154

Mailing Address
9553 HARDING AVE.
#301
MIAMI BEACH FL 33154

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 91-2051923

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

MERCEDES, HENZE
5700 COLLINS AVE #10J
MIAMI BEACH FL 33140

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

SIGNATURE

[Signature]

3/10/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 PCD
NAME SCOTT, RICHARD D ☐ Delete
STREET ADDRESS 19667 TURNBERRY AVE #24A
CITY-ST-ZIP AVENTURA FL 33180

TITLE S
NAME HENZE, MERCEDES ☐ Delete
STREET ADDRESS 5700 COLLINS AVE #10J
CITY-ST-ZIP AVENTURA FL 33140 ✓

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☒ Change ☒ Addition
NAME WILLIAM FURMAN
STREET ADDRESS 1000 S OCEAN BLVD H 15P
CITY-ST-ZIP POMEROY BEACH 33062

TITLE RICHARD D SCOTT ☒ Change ☐ Addition
NAME
STREET ADDRESS 16500 COLLINS AVE #1555
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800030598238
03/17/04--01016--022 **\$900.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

3/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0260295
AV

CR2E034 (10/02)