

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90952 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000006379 1. Entity Name DEFINED INVESTMENTS INC					
Principal Place of Business 101 CONVENTION CTR. DR. STE. 700 LAS VEGAS, NV 89109			Mailing Address PO BOX 27740 LAS VEGAS, NV 89126		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 48-1286488	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERRER, JOSE C 19383 SW 88 ST PEMBROKE PINES, FL 33332					
7. Name and Address of New Registered Agent 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, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when electing)					
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	CDPs COOLIDGE, WESTON J ☐ Delete 4330 SO VALLEY VIEW STE. 230 LAS VEGAS, NV 89102				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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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 110.07(3)(1), 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, trustee, empowered officer or executor of this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment for an address with address change.					
SIGNATURE: <u>Weston J. Coolidge, President</u> 2-24-03 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90039940



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)