

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50187

1. Entity Name

MISSION INVESTMENTS, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90184 005 ***158.75

Principal Place of Business 915 MIDDLE RIVER DRIVE SUITE 512 FORT LAUDERDALE FL 33304 US	Mailing Address 915 MIDDLE RIVER DRIVE SUITE 512 FORT LAUDERDALE FL 33304-3561 US
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2. Principal Place of Business	3. Mailing Address P.O. Box 7358
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33338	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2309636	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AGEE, JON 915 MIDDLE RIVER DRIVE SUITE 512 FORT LAUDERDALE FL 33304	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒	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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT AGEE, JON 915 MIDDLE RIVER DRIVE, SUITE 512 FT. LAUDERDALE FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AGEE, SUSAN 915 MIDDLE RIVER DRIVE, SUITE 512 FT LAUDERDALE FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSTON, WALTER 2650 ALDE AVENUE COCONUT CREEK FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REBMAN, RAMONA 2650 ALDE AVENUE COCONUT CREEK FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: JON AGEE 1/20/2000 954-566-2433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #