

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G87852

1. Entity Name
INVERUSA, CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90424 020 ***150.00

Principal Place of Business

Mailing Address

C/O JOSE M. VIDAURRE

C/O JOSE M. VIDAURRE

~~1888 S. MIAMI AVE.~~

~~1888 S. MIAMI AVE.~~

~~MIAMI FL 33129-8331~~

~~MIAMI FL 33129-8501~~

VOID

VOID



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1715 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NO 116

City & State

City & State

MIAMI FLORIDA

Zip

Country

Zip

Country

33145

DADE

4. FEI Number 59-2375452

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

VIDAURRE, JOSE M.

~~1888 S. MIAMI AVE.~~

~~MIAMI FL 33129~~

1715 CORAL WAY (116)

MIAMI FL 33145

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.

SIGNATURE

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

(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, 2001 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 PD
NAME VIDAURRE, JOSE M.
STREET ADDRESS 1715 CORAL WAY (116)
CITY-ST-ZIP MIAMI FL 33145

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 (308)8560413

Date

Daytime Phone #

CR2E034 (10/00)