

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L970000000033

1. Entity Name  
INVERCREDITO, L.C.

00 APR 27 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
121 CRANDON BLVD. STE 462  
KEY BISCAYNE FL 33149

Mailing Address  
90 SW 8TH STREET, 3RD FLOOR  
MIAMI FL 33130-3012



2. Principal Place of Business  
90 SW 8th. STREET

3. Mailing Address

Suite, Apt. #, etc.  
3RD FLOOR

Suite, Apt. #, etc.

City & State  
Miami, FL.

City & State

Zip  
33130

Country  
USA

Zip

Country

4. FEI Number  
65-0716086

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUGOS, JAIME  
90 S.W. 8TH STREET #3RD FLOOR  
MIAMI FL 33130

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
BRUGOS, JAIME  
80 SW 8TH ST STE 2077  
MIAMI FL 33130

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
TERREROS, MARIA  
80 SW 8TH ST STE 2077  
MIAMI FL 33130

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

600003249536-2  
-05/11/00-01126-006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/17/00 305-3580199  
Date Daytime Phone #

CR2E083 (9/99)