## **2000 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name						FILED				
INVESTMENTS USA, LLC			32 - FN			SECRETARY OF STATE DIVISION OF CORPORATIONS				
	***************************************				_	00 JUL -7	AM 9: 25	<b>;</b>		
•			failing Address 4014 CHASE AVENUE, SUITE 220			20				
			MIAMI BEACH FL 33140-3446							
	•						DAN BON DANAMA			
2. Principal Place of Business 3. N		3. Mailing Ad	Mailing Address			4 ( INDITION DER YONG BEING BEING OOMS OOMS OOMS OLDER (HOLD OLISE HELD EVEN FEET				
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State C		City & State	City & State			4. FEL Number Applied For Not Applicable				
Zip Country Zi		Zip	ip Country		5 Cortificate of Status Desired S5.			.00 Additional		
	6. Name and Address of Cui	rrent Registered Age			7. Name and Address of New Registered Agent					
COLCOCIO	O LITOURA DA	Name	Name							
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				Street Address	(P.O. Box Number is Not Acceptable)					
	ABLES FL 33134			_						
			City				FL Zip	Code		
8. The above	named entity submits this statement	ent for the purpose of	changing its registe	ered office or register	red agent, or bot	h, in the State of Florid	la.			
SIGNATURE .	Signature, typed or printed name of registered	agent and title if continoble	(NOTE: Pegist	ered Agent signature required	d whom rainetating)		DATE		_	
	Signature, typed or printed hame or registered	аделя ало ше п аррисарів.	<del></del>		when reinstating)		UNIE			
		Make		FEE IS \$50.00 to Department of	of State	,				
9.		EMBERS/MEMBERS	1(	0.		ADDITIONS/CI				
TITLE NAME	MGR 🗔 Deletto MACKENZIE, MANUELA			TLE Ame	9	000033	32252		Addition   S	
STREET ADDRESS City-St-Zip	4014 CHASE AVENUE, SUITE 220			TREET ADORESS TY-ST-ZIP	-07/13/0001010023 *****50.00 *****50.00					
TITLE	MGR			TLE			☐ Cha	mge 🗌	Addition	
NAME STREET ADDRESS	MACKENZIE, JAMES R 4014 CHASE AVENUE, SUIT	TE 220		AME IREET ADDRESS						
2177- #1-21P.	MIAMI BEACH-FL-80140			TY: 8T: ZIP				inne " 🗆	Addition	
TITLE NAME				AME					, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS CITY-8T-ZIP	*			TREET ADDRE88 TY-81-21P						
TITLE				TLE			Cha	mge 🔲	Addition	
MAME STREET ADDRESS			E .	AME Freet address						
CITY- 81-21P		<u></u>		TY-ST-ZIP					9.4414a-	
TITLE Name	<u>į</u>			TLE		•	∐ Chi	mba 🗀	Addition	
STREET ADDRESS CITY-ST-ZIP				TREET ADDRESS TY-ST-ZIP						
TITLE			Delete 11	TLE			Cha	nge 🗌	Addition	
NAME STREET ADDRESS				AME Treet adoress						
CITY-ST-ZIP			CI	TY-ST-ZIP						
indicated	ertify that the information supplied on this report is true and accurate bility company or the receiver or to	e and that my signature	e shall have the sar	me legal effect as if n	nade under oath	; that I am a managing	irther certify that g member or ma	the inform nager of t	ation he	
иписа на	bling company or the receiver or the	U empowered to e	secute this report	as required by Chap	ter 900, Fiorida 3	AGIUIGS.	(30	5)		
SIGNAT		DR PRINTED NAME OF SIGNI	NG MANAGING MEMBER	OR MANAGER	<u></u>	Date ZO -	Oo 53 Daytime Phi	514 one #	07	