| 200 | 2 UNI | FORM BUSI | NESS REPO | RT | (UB | R) | | | • | | |
|--|--|--|--|-------------------------------------|---|---|------------------------------|--|---|------------------------------------|---|
| DOCUMENT # P0000021769 1. Entity Name | | | | | | - | ī | FILED | | | |
| INVERCA INVESTMENTS, INC. | | | | | | | | O3 MAR LL AM | 10. E.L. | | |
| Principal Place 18 MARTINIO TAMPA FL 33 | | s | Mailing Address 18 MARTINIOUE AVE TAMPA FL 33606 | | | | | SECRETARY OF FALLAHASSEE. FL | STATE ORIDA | | |
| | | | | | | | | | | | |
| 2. Principal f | Place of Busin | ness | 3. Mailing Address | Mailing Address | | | | REINSTAT | | | |
| Suite, Apt | . #, etc. | | Suite, Apt. #, etc. | | | | , | DO NOT WRITI | E IN THIS SPAC | E 6353X | |
| City & Sta | te | | City & State | | | | 4. F | 59-3629986 | | | plied For at Applicable |
| Zip • | • Country | | Zip Cour | | itry 5. Ce | | 5. C | ertificate of Status Desired | □ \$8. | 75 Add | litional |
| 6. Name and Address of Current Registered Agent Name | | | | | | | | ame and Address of New Re | | it | |
| MARTINEZ, VICTORIANO | | | | | | | CO BO | NO MARTINI EX Number is Not Acceptable | 57 | | <u>.</u> |
| 18 MARTINIQUE AVE | | | | | | MK | 1ET | INLOUE AU | E | | |
| TAMPA.FL 33606 | | | | | | | 0.0 | | | Zin Code | 2 |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered. | | | | | | | ed age | nt, or both, in the State of Flor | | Zip Code <i>336</i> iar with | |
| the obligat | tions of regist | ered agent. | | | 2 | | 4 | 1-0 | -/-/- | ٠- ١٠٠٠ | and accept |
| SIGNATURE | Signature, typed | AND ARTINA or printed name of registered agent an | | (Applistere | d Agent signati | ure Bequired in | yhen rein | stating) | 0ATE | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After September 13, Make Check Payab | | | | | Fee will b | e \$750.0 | | 10. Election Campaign Fina Trust Fund Contribution | | | May Be to Fees |
| 11. | t _ | OFFICERS AND D | IRECTORS | 12. | | | ADD | ITIONS/CHANGES TO OFFIC | CERS AND DIR | ECTORS | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Z, VICTORIANO NIQUE AVE . 33606 | □ Delete | E E Et address -St-Zip | ☐ Change ☐ Addition | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | 6408 RAL | LEOPOLDO EIGH ST., #2402 FL 32835 | □ Delete | | | | . 0 | 70001304 2/24/0301089- | _ | | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 350 OAKS | FERNANDO LANE #122 FL 33609 | ☐ Delete | | | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | i | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP | | | ☐ Delete | | | | <u> </u> | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | CITY- | ET ADDRESS ST-ZIP | | | | | Change | Addition |
| 13. I hereby of indicated of the correctanged, | certify that the on this repor poration or th or on an atta | information supplied with the consupplemental report is to e received for trustee empowering with an address, with the consumer of the consume | nis filing does not qualify for ue and accurate and that me ered to execute this report a h all other like empowered. | the exer ly signati as requir | nption state ure shall ha ed by Cha | ed in Sect ave the sa pter 607, I | tion 11 me leç Florida | 9.07(3)(i), Florida Statutes. I fi gal effect as if made under oa a Statutes; and that my name a | urther certify the th; that I am an appears in Bloc | at the inf officer o k 11 or | formation or director Block 12 if |

SIGNATURE: