

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90063 031 \*\*\*150.00

DOCUMENT # *P00000036666*

1. Entity Name

*Return of Investments, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*425 Cedarhurst Rd.*

Suite, Apt. #, etc.

3. Mailing Address

*425 Cedarhurst Rd.*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Lawrenceville, GA*

City & State

*Lawrenceville, GA*

4. FEI Number

*65-0997961*

Applied For

Not Applicable

Zip

*30045*

Country

*USA*

Zip

*30045*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Carlos Marin*

Street Address (P.O. Box Number is Not Acceptable)

*255 Alhambra Cir. Suite # 701*

City

*Coral Gables*

FL

Zip Code

*33134*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<i>P</i>
NAME	<i>Augusto Guevara</i>
STREET ADDRESS	<i>425 Cedarhurst, Rd.</i>
CITY-ST-ZIP	<i>Lawrenceville, GA 30045</i>
TITLE	<i>VIS</i>
NAME	<i>Carlos Guevara</i>
STREET ADDRESS	<i>285 Crab Orchard Way</i>
CITY-ST-ZIP	<i>Roswell, GA 30076</i>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carlos Guevara*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carlos Guevara*

*2-5-2003 (404)578-8635*  
Date Daytime Phone #

CR2E034B (12/02)