2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 27, 2001 8:00 am Secretary of State

DOCUMENT # P0000086994 1. Entity Name						Secretary of State 05-15-2001 90174 036 ***150.00					
	VESTMENTS, INC.						05-15-200	1 901 /4	036 "	150.00	
ePrincipai₽las	ce of Business	Mailing Address	 								
6476 ENCLAVE WAY BOCA RATON FL 33496		6476 ENCLAVE WAY BOCA RATON FL 33496									
			-			131011603 (11 82)	 Co 	FO:01 JN 199 \$711) 11 11:10 (1	1812 616 7 (3 01	
2. Principal Place of Business		3. Malling Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4	FEI Number	104013	<u> </u>	-	oplied For	
Zip	Country	Zip	Country		5	Certificate of Sta	tus Desired		75 Add	ditional	
	6. Name and Address of Current F	Registered Agent		Name	7.	Name and Addr	ess of New Regist			1	
· MUL	LIN, JAMES G	· 😅 .	~		ddraes (P.O.	. Box Number is N	ot Acceptable)		· 		
	3 NW 2ND AVE., #205			Olicot A		. GOX HUITIDGI IS IN					
ВОС	CA RATON FL 33431			2080 City [NW	Boca Rad	on Blud	当 (₎ FL ²	ip Code	8(3)	
8. The above	named entity submits this statement for	the purpose of changing its	s register	ed office or	registered a	Spent, or both, in the	ne State of Florida.	1 1-	339	131	
					-						
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	TE: Registers	od Agent signali	ire required when	n reinstating)		DATE		{	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. na on back)	FILE NOW After MAY 1, 2 Make Check Paya	001 F ee	will be \$5	50.00		Campaign Financin d Contribution.	g 🗆	\$5.00 Added	O May Be to Fees	
11.	OFFICERS AND D		12.				GES TO OFFICERS	S AND DIRE	CTORS		
TITLE " NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, CHUCK 6476 ENCLAVE WAY BOCA RATON FL 33496	☐ Colete	City	E ET ADORESS -ST-71P					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLIN, JAMES G 2263 NW 2ND AVE., #205 BOCA RATON FL 33431	☐ Delete	TITLE NAM STRE CITY	E Et address -St-Zip	2080	NWB a Rato	cca Raz	ton 8 334	hange 3/10	Addition 8	
TITLE	BOOM RATOR IL 33451	☐ Delete	TITLE			<u> </u>			hange	Addition	
NAME STREET ADDRESS .CITY-ST-ZIP				E Et adoress -st-zip		 ~_	· 				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delste	TITLE NAME STRE		र किल्मार	and a final series		· □.c	hange	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE					c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE			·,	······································	cı	nange	Addition	
13. Thereby c indicated of the corp changed.	erify that the information supplied with the on this report or supplemental report is to coration or the receiver or trustee empower or on an attachment with an address, with the core of	his filing does not qualify for ue and accurate and that need to execute this repon if all other like ampowered.	r the exer ny signat as requir	mption state ure shall ha ed by Char	ed in Section we the same oter 607, Flor	119.07(3)(i), Florid legal effect as if n rida Statutes; and		er certify tha nat I am an ears in Block	t the inf officer o	ormation or director Block 12 if	