

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90158 025 \*\*\*150.00

DOCUMENT # P00000106911

1. Entity Name

INVESTOR ONE FINANCIAL CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

477 SO. ROSEMARY AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 217

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL

City & State

Zip  
33401

Country  
USA

Zip

Country

4. FEI Number

65-1054614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LAWRENCE R. BONNER ESQ.

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

100 SE 2ND STREET

SUITE 3400

City

MIAMI

FL

Zip Code

33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE:

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PRESIDENT  
MAURICIO BATLE  
477 SO. ROSEMARY AVE, STE 217  
W. PALM BEACH FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mauricio Batle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 561-832-3277

Date

Daytime Phone #

CR2E034B (12/01)