

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90128 018 ***158.75

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DOCUMENT # P01000035423

1. Entity Name
INVESTMENTS UNLIMITED OF AMERICA CORP.



Principal Place of Business
**12782 SW 65 TERRACE
MIAMI FL 33183**

Mailing Address
**12782 SW 65 TERRACE
MIAMI FL 33183**

2. Principal Place of Business
12782 SW 65 Terr
Suite, Apt. #, etc.

3. Mailing Address
12782 SW 65 Terr
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL 33183
Zip
33183 Country
USA

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Miami FL 33183
Zip
33183 Country
USA

4. FEI Number **65-1094154**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, PEDRO J
12782 SW 65 TERRACE
MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/11/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PEREZ, PEDRO J**
STREET ADDRESS **12782 SW 65 TERRACE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 786-295-9284
Date Daytime Phone #

CR2E034 (10/02)