## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000000853



## FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Na		ONAL INVESTOR	IS, CORP.	_	•			03-17-2003 9	•			•
Principal Place of Business 2401 S.W. 128 CT MIAMI FL 33175			2401 S	Mailing Address 2401 S.W. 128 CT MIAMI FL 33175								
2. Principal	Place of Busi	ness	3 Maili	ng Address			  -					
								The state of the s				
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City &	City & State			4. FEI Number 65-1096990		···	-	Applied For	
Zip Country		Zip	Zip		untry		Certificate of Status Desired		<b>\$8.75</b> A Fee Requi	dditional		
	6. Name	and Address of Curre	nt Registered	l'Agent =====		/ <del></del>	7. N	Name and Address of New R			``a->	
		35		<u>-</u>		Name						7
AMIREZ, ENRIQUE 2401 S.W. 128 CT							Street Address (P.O. Box Number is Not Acceptable)					-
MIAMI FL		* *				!			,		<del></del> ,	-
	_	i. S				City	<del></del>	<del></del>	FL	Zip Co	de	7
SIGNATURE	Signature, typed	y submits this statement ered agent. or printed name of registered age				ed office or registe		ent, or both, in the State of Flo	DATE	amiliar with	, and accept	
Afte	r May 1, 200	03 Fee will be \$550.0 Florida Department	0 of State					<ol><li>Election Campaign Fin Trust Fund Contribution</li></ol>	~	<b>\$5.</b> Adde	00 May Be ed to Fees	
10.		OFFICERS AN	D DIRECTOR	S	11.		ADI	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 11	┨
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RAMIREZ, 2401 SW 1 MIAMI FL 3	128 CT		☐ Delete						☐ Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP		and the second s		□ Change	^ [ 'Addition'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP			•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	ertify that the	information supplied with	th this filing de	Delete	CITY-S		oti 4	19.07(3)(i), Florida Statutes. I f		□ Change	☐ Addition	

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:

Daytime Phone #