FILED
May 30, 2002 8:00 am
Secretary of State
04-17-2002 90120 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051270

1. Entity Name

INVESTGROUP DEVELOPMENT INC. ✓

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6600 KINGSPOINTE PKWY.	SAME ADDRESS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State
Zip: 32819 Country: USA	Zip Country

4. FEI Number: 59-3721588 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: NORBERTO DUARTE

Street Address (P.O. Box Number is Not Acceptable): 6600 KINGSPOINTE PKWY.

City: ORLANDO FL Zip Code: 32819

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT	TITLE	
NAME	MARIO BRAGA	NAME	
STREET ADDRESS	6600 KINGSPOINTE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 32819	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	JASON THOMAS	NAME	
STREET ADDRESS	6600 KINGSPOINTE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 32819	CITY-ST-ZIP	
TITLE	TREASURER	TITLE	
NAME	WILSON TABARES	NAME	
STREET ADDRESS	6600 KINGSPOINTE PKWY	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	ORLANDO, FLORIDA 32819	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	IN THIS SPACE
NAME	GUILHERME FARINA	NAME	
STREET ADDRESS	6600 KINGSPOINTE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 32819	CITY-ST-ZIP	
TITLE	2ND SECRETARY	TITLE	
NAME	NORBERTO DUARTE	NAME	
STREET ADDRESS	6600 KINGSPOINTE PKWY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 32819	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: [signature] 5/8/2002 407-248 2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #