

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

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90878 043 \*\*\*150.00

**DOCUMENT #** P01000087408

1. Entity Name

INVERTRAN CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5901 NW 151 ST

Suite, Apt. #, etc.  
SUITE 102

City & State  
MIAMI LAKES, FL

Zip  
33014

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1139064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **JUDY PARRA**

Street Address (P.O. Box Number is Not Applicable)  
**18255 NW 73 AVE  
# 303**

City **MIAMI**

**FL**

Zip Code  
**33015**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for 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 resigning)

DATE

**8/3/2002**

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 \$350.00**

**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  
**P  
JUDY PARRA MAGO  
18255 NW 73 VAE. # 303  
MIAMI, FL 33014**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LUIS H. PARRA  
18255 NW 73 AVE. # 303  
MIAMI, FL 33014**

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)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

**JUDY PARRA**

04-29-02

305-592-0394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

42030

# PO1000087408

INVERTRAN CORP  
5901 N.W. 151th Street  
Suite 102  
Miami Lakes, Fl. 33014

August 3, 2.002

**Florida Department of State  
Uniform Business Report Department  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314**

Dear Sirs,

Unfortunately I was on a business trip when this letter was received. Please accept my apologies for not sending this form on time. I am sending the completed form for your records. I hope you can proceed and file this form as appropriate.

Thank-you-very-much-for-your help.

Regards,

  
Judy Parra  
President