

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91869 003 \*\*\*150.00

**DOCUMENT # P01000087408**

1. Entity Name  
**INVERTRAN CORP.**



Principal Place of Business  
**5901 NW 151 ST, SUITE 102  
MIAMI LAKES FL 33014**

Mailing Address  
**5901 NW 151 ST, SUITE 102  
MIAMI LAKES FL 33014**

2. Principal Place of Business  
**P.O. Box 173243**

3. Mailing Address  
**P.O. Box 173243**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Hialeah FL**

City & State  
**Hialeah, FL**

4. FEI Number  
**65-1139064**

Applied For  
Not Applicable

Zip Country  
**33017 U.S.A.**

Zip Country  
**33017 U.S.A.**

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

## 6. Name and Address of Current Registered Agent

**PARRA, JUDY  
18255 NW 73RD AVE  
#303  
MIAMI FL 33015**

## 7. Name and Address of New Registered Agent

Name **PARRA, JUDY**  
Street Address (P.O. Box Number is Not Acceptable)  
**7532 N.W. 175 Avenue ST**  
City **MIAMI** FL Zip Code **33015**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	P	<input type="checkbox"/> Delete
NAME	<b>MAGO, JUDY P</b>	
STREET ADDRESS	<b>18255 NW 73 AVE, APT #303</b>	
CITY-ST-ZIP	<b>MIAMI FL 33014</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>PARRA, LUIS H</b>	
STREET ADDRESS	<b>18255 NW 73 AVE, APT #303</b>	
CITY-ST-ZIP	<b>MIAMI FL 33014</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRA, JUDY</b>	
STREET ADDRESS	<b>P.O. Box 173243</b>	
CITY-ST-ZIP	<b>Hialeah FL 33017</b>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRA, LUIS H</b>	
STREET ADDRESS	<b>P.O. Box 173243</b>	
CITY-ST-ZIP	<b>Hialeah FL 33017</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **JUDY PARRA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (786) 5430650  
Date Daytime Phone #

CR2E034 (10/02)