

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90664 004 ***150.00

DOCUMENT # P010000 95615

1. Entity Name

Investmer Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1901 W. Cypress Creek Rd

3. Mailing Address

1901 W. Cypress Creek Rd

Suite, Apt. #, etc.

415

Suite, Apt. #, etc.

#415

City & State

Fort Lauderdale, FLA

City & State

Fort Lauderdale, FLA

4. FEI Number

65-1135236

Applied For

Not Applicable

Zip

33309

Country

Broward

Zip

33309

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Arthur Cohen

Street Address (P.O. Box Number is Not Acceptable)

1694 Sabal Palm Drive

City

Boca Raton

FL

Zip Code

33432

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

Arthur Cohen CEO

Arthur Cohen

4-2-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Arthur Cohen
1694 Sabal Palm Drive
Boca Raton FLA 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Stephen Chetek
16544 NW 31 Avenue
Boca Raton, FLA 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
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)(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:

Arthur Cohen

4/2/02

9542020355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)