

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P 02000059956  
1. Entity Name

03 MAY 15 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2031 INVESTMENT CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1965 NE 149TH STREET.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

N. MIAMI, FL.

4. FEI Number

82-0546693

Applied For

Not Applicable

Zip

Country

Zip

33181

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANK MARINO

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

1965 NE 149 TH STREET

City

N. MIAMI.

FL

Zip Code

33181

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, or 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 reappointing)

Date

4/1/03

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

DIRECTOR

FRANK MARINO

1965 NE 149 STREET  
N. MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DIRECTOR

LIN RVI XIN

1965 NE 149 STREET  
N. MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DIRECTOR

PAUL AYUSO

1965 NE 149 STREET.  
N. MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/03

915121

CR2E034B (12/01)