

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90230 034 ***150.00

DOCUMENT # P02000060377



1. Entity Name
RECORD INVESTMENT CORP.

Principal Place of Business
**2130 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33131**

Mailing Address
**2130 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33131**



2. Principal Place of Business
19333 COLLINS AVENUE

3. Mailing Address
19333 COLLINS AVENUE

Suite, Apt. #, etc.
APT. 708

Suite, Apt. #, etc.
APT. 708

City & State
SUNNY ISLES FL.

City & State
SUNNY ISLES FL.

4. FEI Number
33-1026665

Applied For
 Not Applicable

Zip
33160

Country
U.S.A.

Zip
33160

Country
U.S.A.

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COPROLITE CORPORATION
2130 SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
MIAMI FL 33131**

Name
AGHION JACQUES
Street Address (P.O. Box Number is Not Acceptable)
19333 COLLINS AVENUE #708
City **SUNNY ISLES** FL Zip Code **33160**

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 **J. JACQUES AGHION DIRECTOR** DATE **FEB 11 / 03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete
NAME **D AGHION, JACQUES**
STREET ADDRESS **ONE SOUTHEAST THIRD AVENUE, SUITE 2130**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE Change Addition
NAME **D AGHION JACQUES**
STREET ADDRESS **19333 COLLINS AV. #708**
CITY-ST-ZIP **SUNNY ISLES FL. 33160**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **SIGNATURE REQUIRED** DATE **FEB. 11 / 03** DAYTIME PHONE # **305-5024402**
Signature and typed or printed name of signing officer or director

CR2E034 (10/02)