


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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90225 013 ***150.00

DOCUMENT # P03000017623 1. Entity Name INVEST IN MIAMI, INC.	
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DO NOT WRITE IN THIS SPACE

94071388

2. Principal Place of Business 123 S.E 2nd Avenue Suite, Apt. #, etc.		3. Mailing Address 123 S.E 2nd Avenue Suite, Apt. #, etc.	
City & State Miami, Florida Zip 33131 Country USA		City & State Miami, Florida Zip 33131 Country USA	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name HESS, THOMAS J ESQ.	
	Street Address (P.O. Box Number is Not Acceptable) 1401 Brickell Avenue, Suite 825	
	City Miami	Zip Code FL 33131

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: **HESS, THOMAS J ESQ.**

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

(NOTE: Registered Agent signature required when reinstating)

11-20-03

DATE

January 1 - May 1 Fee is \$150.00
After May 1; Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARITZA P. PORKOLAB 123 S.E 2nd Avenue Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MARITZA P. PORKOLAB**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-03 305-371-3523

Date

Daytime Phone #

CR2E034B (12/02)