

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90338 001 *****8.75
 05-06-2000 90338 002 ***150.00

DOCUMENT # P92000010061

1. Entity Name

INVESTMENTS OF AMERICA NO.2, INC.

Principal Place of Business

Mailing Address

1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132

1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132-1196

2. Principal Place of Business

1717 N. Bayshore Dr.

3. Mailing Address

1717 N. Bayshore Dr.

Suite, Apt. #, etc.
 Suite 208

Suite, Apt. #, etc.
 Suite 208

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33132

Country
 USA

Zip
 33132

Country
 USA

4. FEI Number 65-0383218

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

S & K PROPERTY MANAGEMENT INC
 1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
 S&K Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 1717 N. Bayshore Dr.,

Suite 208

City
 Miami

FL Zip Code
 33132

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 *Lidia Cartaya* 4/27/00

Lidia Cartaya, Vice President

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME BUCKREUS, GERTI
 STREET ADDRESS 1717 N BAYSHORE DR, SUITE 114
 CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE PD
 NAME Buckreus, Gerti ☒ Change ☐ Addition
 STREET ADDRESS 1717 N. Bayshore Dr. Suite 208
 CITY-ST-ZIP Miami, FL 33132

TITLE SV
 NAME CARTAYA, LIDIA
 STREET ADDRESS 1717 N BAYSHORE DR, SUITE 114
 CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE SV
 NAME Cartaya, Lidia ☒ Change ☐ Addition
 STREET ADDRESS 1717 N. Bayshore Dr., Suite 208
 CITY-ST-ZIP Miami, FL 3312

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lidia Cartaya*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 305-577-3885

CR2E034 (9/99)