

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0155753

DOCUMENT # P92000010061

1. Entity Name

INVESTMENTS OF AMERICA NO.2, INC.

05-03-2001 90489 001 ***150.00

05-03-2001 90489 002 *****8.75

Principal Place of Business

**1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132**

Mailing Address

**1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132**

2. Principal Place of Business

1717 N. Bayshore Dr.

3. Mailing Address

1717 N. Bayshore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 208

Suite 208

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33132

USA

33132

USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

65-0383218

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

**1717 N. Bayshore Drive
 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

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, 2001 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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1717 N BAYSHORE DR, SUITE 208**
 CITY-ST-ZIP **MIAMI, FL 33132**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **1717 N BAYSHORE DR, SUITE 208**
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TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)