

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049912

1. Entity Name

INVERCOSA INVESTMENTS, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90056 018 \*\*\*150.00

Principal Place of Business

4811 LEJEUNE ROAD  
CORAL GABLES FL 33146

Mailing Address

4811 LEJEUNE ROAD  
CORAL GABLES FL 33146

2. Principal Place of Business

3650 BIRD ROAD

Suite, Apt. #, etc.

3. Mailing Address

3650 BIRD ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0477694

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRAVITZ, HAROLD P.  
7600 W. 20TH AVE.  
SUITE 223  
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE PD  
NAME BELLOSTA, CARLOS  
STREET ADDRESS 4811 LEJEUNE ROAD  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE VPD  
NAME BELLOSTA, JOSE  
STREET ADDRESS 4811 LEJEUNE ROAD  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE SD  
NAME O'MALLEY, DAN  
STREET ADDRESS 3650 BIRD ROAD  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 3650 BIRD ROAD  
CITY-ST-ZIP MIAMI, FL 33133 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 3650 BIRD ROAD  
CITY-ST-ZIP MIAMI, FL 33133 ☒ Change ☐ Addition

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

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

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

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

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

Secretary

Date

Daytime Phone #

CR2E034 (9/99)