

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P95000000236****1. Entity Name**  
INVINCIBLE CORP.**Principal Place of Business**

663 NE 138TH ST

NORTH MIAMI

33161

US

FL

**Mailing Address**

PO BOX 612382

NORTH MIAMI

33161

US

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0567571**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WYNTER JOMO B  
663 NE 138TH ST

N MIAMI

33161

US

FL

**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)

**04/29/2000**

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	D	<input type="checkbox"/> Delete
NAME	MORI JUNKO	
STREET ADDRESS	P O BOX 612382 N/A	
CITY-ST-ZIP	N MIAMI FL 33161	

TITLE	D	<input type="checkbox"/> Delete
NAME	MORI HIDEHI	
STREET ADDRESS	P.O. BOX 612382 N/A	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE	D	<input type="checkbox"/> Delete
NAME	WYNTER FRITZ	
STREET ADDRESS	P O BOX 612382 N/A	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE	V	<input type="checkbox"/> Delete
NAME	FERGUSON ANNETTE	
STREET ADDRESS	P.O. BOX 612382 N/A	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE	P	<input type="checkbox"/> Delete
NAME	WYNTER JOMO B	
STREET ADDRESS	P.O. BOX 612382 N/A	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Mori Junko

D 04/29/2000