

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90119 037 ***558.75

DOCUMENT # P95000071040

1. Entity Name
INVESTMENT CORPORATION OF NORTH AMERICA

Principal Place of Business

PO BOX 16778
 PLANTATION FL 33318

Mailing Address

PO BOX 16778
 PLANTATION FL 33318

976811



2. Principal Place of Business

24645 NOVA LANE

Suite, Apt. #, etc.

3. Mailing Address

24645 NOVA LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PT. CHARLOTTE - FL

Zip
33980

Country

USA

City & State

PT. CHARLOTTE - FL

Zip
33980

Country

USA

4. FEI Number

65-0749369

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGEN, KEVIN L
3531 GRIFFIN ROAD
FORT LAUDERDALE FL 33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Aug-15-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PTVS** ☐ Delete
 NAME **KAUFMAN, RICHARD B**
 STREET ADDRESS **PO BOX 16778**
 CITY-ST-ZIP **PLANTATION FL 33318**

TITLE **D** ☐ Delete
 NAME **KAUFMAN, RICHARD B**
 STREET ADDRESS **PO BOX 16778**
 CITY-ST-ZIP **PLANTATION FL 33318**

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 **24645 NOVA LANE**
 CITY-ST-ZIP **PORT CHARLOTTE - FL 33980**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **24645 NOVA LANE**
 CITY-ST-ZIP **PORT CHARLOTTE - FL 33980**

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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

Aug-15-02

Date

Daytime Phone #

941-625-4354

CR2E034 (4/02)