

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90222 011 \*\*\*150.00

**DOCUMENT # P97000076584**  
 1. Entity Name  
**INVESTOR TRUSTEE CORP.**

Principal Place of Business Mailing Address  
**7775 SW 87TH AVE** **7775 SW 87TH AVE**  
**#100** **#100**  
**MIAMI FL 33173** **MIAMI FL 33173**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **8250 SW 95 STREET**  
 Suite, Apt. #, etc.

3. Mailing Address **8250 SW 95 STREET**  
 Suite, Apt. #, etc.

City & State **MIAMI FL**  
 Zip **33156** Country **USA**

City & State **MIAMI FL**  
 Zip **33156** Country

4. FEI Number **65-0782865** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**NEWMAN, MICHAEL P**  
**7775 SW 87TH AVE #100**  
**MIAMI FL 33173**

## 7. Name and Address of New Registered Agent

Name **NEWMAN, MICHAEL P.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8250 SW 95 STREET**  
 City **MIAMI** FL Zip Code **33156**

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 DATE **4/22/2002**  
Signature, typed name and address of registered agent are required when applicable. (NOTE: Registered Agent signature required when removing)

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, 2002 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, MICHAEL P</b>	
STREET ADDRESS	<b>7775 SW 87TH AVE #100</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8250 SW 95 STREET</b>	
STREET ADDRESS	<b>MIAMI FL 33156</b>	
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
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
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 authority like empowered.

SIGNATURE: **NEWMAN**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/2002** Daytime Phone # **3056661402**

CR2E034 (9/01)