**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	JMENT # P98  NVESTMENT, INC.	Feb 26, 2002 8:00 am Secretary of State 02-26-2002 90160 007 ***150.00								
1898 W. 8TH	· · ·	Mailing Address 1898 W. 8TH AVENUE	1898 W. 8TH AVENUE		_					
HIALEAH FL	33010	HIALEAH FL 33010			 	)   1818  1811  861   881   86	)))			
2. Principal i	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt	t. #, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ite	City & State	City & State			4. FEI Number 65-0819124 Applied For				
Zip Country		Zip	Zip Country					<b>5</b> Addi		
-	6. Name and Address of Cur	rrent Registered Agent		7. Name and Address of New Registered Agent				equirea	-	
MERV GO	OMEZ, HILDA			Name						
1898 W.	8TH AVENUE			Street Address (	(P.O. Box Number is	Not Acceptable)				
HIALEAH	FL 33010								·	
	·			City	FL Zip Code					
Tax filing (See crite		After May 1, 20  Make Check Paya	FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of Sta			n Campaign Financi und Contribution.	~ —	<b>\$5.00</b> Added t	May Be to Fees	
III.	OFFICERS ,	AND DIRECTORS  Delete	12.	1	ADDITIONS/CHA	NGES TO OFFICER				
NAME STREET ADDRESS DITY-ST-ZIP	MERY GOMEZ, HILDA 1898 W. 8TH AVENUE HIALEAH FL 33010		NAME	r address : St-zip			□ cı	ange	☐ Addition	
TITLE NAME STREET ADDRESS	SD ESPINDOLA, JAVIER 1898 W. 8TH AVENUE	☐ Delete		ADDRESS			Cr	ange	☐ Addition	
CITY-ST-ZIP FITLE	HIALEAH FL 33010	□ Delete	CITY-S	ST-ZIP		~ <del></del>	Ch		☐ Addition	
NAME Street address City-St-Zip			NAME	ADDRESS IT-ZIP				ango	Accident	
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET	AODRESS -			☐ Ch	ange	Addition	
HTY-ST-ZIP			CITY-S	T-ZIP	T 400.1					
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	NAME STREET CITY-S	ADDRESS			☐ Ch	ange	☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS			☐ Ch	ange	☐ Addition	
of the cor	certify that the information supplied on this report or supplemental rep- poration or the receiver or trustee e or on an attachment with an addre	oft is true and accurate and that remove red to execute this report	my signatur t as require t.	re shall have the s d by Chapter 607	same legal effect as i , Florida Statutes; an	f made under eath: i	that I am an o ears in Block	ifficer or 11 or B	r director Block 12 if	
	SIGNATURE AND TYPED	OF PRINTED NAME OF SIGNING OFFICER				Date	Daytime Phi			