

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90350 030 ***150.00

DOCUMENT # P98000095578

1. Entity Name

FLORIDA INVESTORS CORPORATION



DO NOT WRITE IN THIS SPACE

11036721

2. Principal Place of Business

20281 E. COUNTRY CLUB DR.

Suite, Apt. #, etc.

#902

City & State

AVENTURA, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

65-0878463

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33180

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MESA, JULIAN D
STREET ADDRESS 20281 E COUNTRY CLUB DR. #902
CITY-ST-ZIP AVENTURA, FL 33180

TITLE VP
NAME MESA, MARIA E
STREET ADDRESS 20281 E.COUNTRY CLUB DR. #902
CITY-ST-ZIP AVENTURA, FL 33180

TITLE S
NAME MESA, JULIANA M
STREET ADDRESS 20281 E. COUNTRY CLUB DR. #902
CITY-ST-ZIP AVENTURA, FL 33180

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julian D MESA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 29/03

CR2E034B (12/02)