

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106466

1. Entity Name

INVESTED SECURITIES CORPORATION

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90083 036 ***150.00

Principal Place of Business

Mailing Address

1111 BRICKELL BAY DR. APT 2208
 STE 2208
 MIAMI FL 33131

1111 BRICKELL BAY DR. APT 2208
 STE 2208
 MIAMI FL 33437-6464

2. Principal Place of Business

3. Mailing Address

7097 HAVILAND CIR

7097 HAVILAND CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Mynton Beach

City & State

City & State

FLORIDA

Mynton Beach, FL

Zip

Country

Zip

Country

33131

US

33437

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLANDER, MARK J
 9360 SUNSET DR, SUITE 287
 MIAMI FL 33173

Name

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

9700 South Dixie Highway

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

Mark J Hollander

5-1-00

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MYERSON, TED	
STREET ADDRESS	1111 BRICKELL BAY DR #2208	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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
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:

Mark J Hollander

5-1-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)