

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

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90031 042 \*\*\*150.00

**DOCUMENT #** P99000001452  
**1. Entity Name**  
 A. J. INVESCO INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2100 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA		<b>3. Mailing Address</b> 2100 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA	
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**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0889785	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> VILLANUEVA, CARLOS	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2100 PONCE DE LEON BLVD. SUITE 600	
<b>City</b> CORAL GABLES	<b>FL</b> <b>Zip Code</b> 33134

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S VILLANUEVA, CARLOS 2100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **CARLOS VILLANUEVA** **4/29/02** **305-377-0812**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #