

~~Homestead~~ Annual Report  
**2000 UNIFORM BUSINESS REPORT (UBR)**

0282744

DOCUMENT # P99000027516

1. Entity Name

S & S INVESCO, INC.

FILED

00 JUL 12 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI FL 33313

601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI FL 33131-2649

2. Principal Place of Business

777 Ponce de Leon Blvd.

3. Mailing Address

777 Ponce de Leon Blvd.

Suite, Apt. #, etc.

222

Suite, Apt. #, etc.

222

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

4. FEI Number

65-0914168

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA PENA, VILLANUEVA & BAJANDAS, LLP  
601 BRICKELL KEY DRIVE  
SUITE 705  
MIAMI FL 33313

Name

MANUEL SALAS

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

777 Ponce de Leon Blvd. Suite 222

City

CORAL GABLES,

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Manuel Salas  
CITY-ST-ZIP 777 Ponce de Leon Blvd. Suite 222  
Coral Gables, Florida 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003350287-6  
-08/09/00-01009-014  
\*\*\*\*550.00 \*\*\*\*550.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL SALAS - Director

Date

6-20-2000 (305) 444-0103

Daytime Phone #

CR2E034 (9/99)