

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90031 038 ***150.00

DOCUMENT # P99000027516

1. Entity Name

S & S INVESCO, INC. ✓

Principal Place of Business

Mailing Address

1090 N. W. 128th Ct. Suite 1090 N.W. 128th Ct.
Miami, Florida Miami, Florida

A0033313

2. Principal Place of Business

1090 N. W. 128th Ct.

Suite, Apt. #, etc.

3. Mailing Address

1090 N.W. 128th Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

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

Manuel Salas
777 Ponce De Leon Blvd., Suite 222
Coral Gables, Florida 33134

Name

JORGE E. BLANCO, P.A.

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

1401 Ponce De Leon Blvd., #202

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)

3/9/01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---|--------------|------------------------|----------------|---|------|----------------|-------------|
| Director/Vice President <input type="checkbox"/> Delete | Manuel Salas | 1090 N. W. 128th Court | Miami, Florida | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

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

VICE PRESIDENT

Date

Daytime Phone #

CR2E034 (11/00)