FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 27 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000027516

1. Entity Name
S & S INVESCO, INC.

DO NOT WRITE IN THIS SPACE

04/02/02-90111 029 $150.00

2. Principal Place of Business	3. Mailing Address
1401 PONCE DE LEON BLVD Suite, Apt. #, etc. 202	PMB 229 8567 Coral Way Suite, Apt. #, etc.
City & State CORAL GABLES, FL	City & State MIAMI, FLORIDA 33155
Zip 33134 Country US	Zip 33155 Country US

4. FEI Number
65-0914168
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JORGE E. BLANCO, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1401 PONCE DE LEON BLVD.
SUITE 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) DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/ VICE PRESIDENT MANUEL SALAS 1401 PONCE DE LEON BLVD,#202 ~~CORAL GABLES, FL. 33134~~
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VICE PRESIDENT 3/20/02 (305) 444-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #