2002 UNIFORM BUSINESS REPORT (UBR)

2002	UNIFORM BUSI	FILED						
DOCUMENT # P9900046426 1. Entity Name CORPORATE INVESTMENTS OF AMERICA, INC.				Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90229 046 ***158.75				
Principal Place of Business Mailing Address 3403 LIME HILL ROAD LAUDERHILL F Mr. Monroe Kaufman 8130 Cleary Blvd Apt 1302 Plantation, FL 33324-1373								
2. Principal Place of Business 8130 CLEARY BLVD #1302 Suite, Apt. #, etc. 1302		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
PLANTATION, FLA.		City & State		4. FEI Number	65-0921877	<u> </u>	olied For Applicable	
Zip Country 33324		Zip	Country	5. Certificate of St		\$8.75 Addit		
	_ 6. Name and Address of Current R	egistered Agent	Name	- 7Name and Add	ress of New Registered	d Agent -		
	i, monroe Ehill road 8130 CLE	ARY BLUD	Street Address (P.O. Box Number is Not Acceptable)					
	ILL FL 33319 〜# (3 <i>02</i>	10N, FLA 3332	₹ City		F	Zip Code		
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								
Tax filing r	oration is eligible to satisfy its Intalgible equirement and elects to do so.	After May 1, 2002	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		n Campaign Financing und Contribution.	Added	May Be to Fees	
11.	OFFICERS AND D		12.	ADDITIONS/CHA	ANGES TO OFFICERS A	ND DIRECTORS Change	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME KAUFMAN, MONROE TREET ADDRESS 3403 LIME HILL ROAD 8130 CLEARY BLVD \$302		TITLE NAME STREET ADDRESS CITY-ST-ZIP			Onlinge		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	,		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second se	* * * * * * * * * * * * * * * * * *	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby indicated	Certify that the information supplied with ton this report or supplemental report is poration or the receiver or trustee emport, or on an attachment with an address, where the supplemental report is a supplemental report in the receiver or trustee emport, or on an attachment with an address, where the receiver is the receiver or the	true and accurate and that my wered to execute this report as	r signature shall have to s required by Chapter	ne same legal ellect as 607, Florida Statutes; a	nd that my name appear	rs in Block 11 or	Block 12 if	