


2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2004 8:00 am
Secretary of State

04-30-2004 90288 009 ***150.00

DOCUMENT # P99000065486
1. Entity Name
INVESTMENTS 2000 GROUP, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3211 NW 27th Avenue
Suite, Apt. #, etc.

3. Mailing Address
3211 NW 27th Avenue
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33142

Country
Miami Dade

Zip
33142

Country
Miami Dade

4. FEI Number
65-0941230

Applied For
 Not Applicable

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

66423832

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
GONZALEZ, ELENA

Street Address (P.O. Box Number is Not Acceptable)
8942 SW. 10 Terrace

City
MIAMI

FL

Zip Code
33174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

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

January 1 to May 31 Fee is \$150.00
After May 31 Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State


9. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, ELENA 8942 SW. 10 Terrace MIAMI FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Elena Gonzalez-Pres.** Date: **04/26/2004** Daytime Phone #: **305-638-1566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)