FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

Country

Miami Dade



May 02, 2003 8:00 am Secretary of State

05-02-2003 90237 045 ***150.00

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Principal Place of Business 3211 NW 27th Avenue	3. Mailing Address 3211 NW. 27th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL

33142

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0941230 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent							
Name	GONZALEZ,	ELENA					
Street	Address (P.O. Box N 2759 NW. 3	lumber is Not Accepta Oth Street	ble)				
City	MIAMI		FL	Zip Code 33142			

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.

Country

Miami Dade

SIGNATURE

33142

Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE TITLE GONZALEZ, ELENA NAME NAME 2759 NW. 30th STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY+ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elena Gonzalez

CR2E034B (12/02)