

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90469 012 ***150.00

DOCUMENT # P99000097698

1. Entity Name

INVESTMENT GROUP OF AMERICA, INC.

Principal Place of Business

Mailing Address

7498 N.W. 49 ST.
 LAUDERHILL FL 33319

17639 FOXBOROUGH LN.
 BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

17639 Foxborough LN.

17639 Foxborough LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boon f

City & State

City & State

Boca Raton FL.

Boca Raton- FL.

Zip

Country

Zip

Country

33496

U.S.A

33496

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0959521

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

MOHAJERPOUR, SIMA
 7498 N.W. 49 ST.
 LAUDERHILL FL 33319

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

Sima Mohajerpour

Sima-mohajerpour

4/28/01

Signature, typed or printed name of registered agent and title, 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS MOHAJERPOUR, SIMA
 CITY-ST-ZIP 17634 FOXBOROUGH LN.
 BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS ABOUMAHBOUB, MOHAMMAD
 CITY-ST-ZIP 17634 FOXBOROUGH LN.
 BOCA RATON FL 33496

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Sima Mohajerpour Sima mohajer pour 4/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)