

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # S99684**

1. Entity Name

**INVESTMENTS OF AMERICA NO. 1, INC.**

05-14-2002 90268 001 \*\*\*150.00

05-14-2002 90268 002 \*\*\*\*\*8.75

Principal Place of Business

**1717 N BAYSHORE DR**  
**SUITE 208**  
**MIAMI FL 33132**  
**US**

Mailing Address

**1717 N BAYSHORE DR**  
**SUITE 208**  
**MIAMI FL 33132**  
**US**

2. Principal Place of Business

**150 Alhambra Circle**

Suite, Apt. #, etc.

**Suite 800**

City & State

**Coral Gables, FL**

Zip

Country

**33134**

**USA**

3. Mailing Address

**150 Alhambra Circle**

Suite, Apt. #, etc.

**Suite 800**

City & State

**Coral Gables, FL**

Zip

Country

**33134**

**USA**

6. Name and Address of Current Registered Agent

**S & K PROPERTY MANAGEMTN INC**  
**1717 N BAYSHORE DR**  
**SUITE 208**  
**MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name

**S & K Property Management, Inc.**

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

**150 Alhambra Circle**

**Suite 800**

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)

**Lidia Cartaya, Vice President**

DATE

**04/29/02**

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, 2002 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

TITLE **PD**  
NAME **BUCKREUS, GERTI**  
STREET ADDRESS **1717 N BAYSHORE DR., STE 208**  
CITY-ST-ZIP **MIAMI FL 33132** ☐ Delete

TITLE **SV**  
NAME **CARTAYA, LIDIA**  
STREET ADDRESS **1717 N BAYSHORE DR., STE 208**  
CITY-ST-ZIP **MIAMI FL 33132** ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **150 Alhambra Circle, Suite 800**  
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **150 Alhambra Circle, Suite 800**  
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lidia Cartaya, VP** **04/29/02 (305) 476-0955**

Date

Daytime Phone #

CR2E034 (9/01)