2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V63253 DOCUMENT

1. Entity Name

IFI INVESTMENTS INC



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90202 013 ***150.00

	STIVIENTS, INC.								
Principal Place of Business 330 S.W. 27 AVE. SUITE 207 MIAMI FL 33135		Mailing Address 330 S.W. 27 AVE. SUITE 207 MIAMI FL 33135							
2. Principal	Place of Business	3. Mailing Address	-	-					
Suite, Apt	.#, etc.	Suite, Aptr#; etc.			CHECK HERE I	F MAKING C	HANGES	artement still	
City & State		City & State			4. FEI Number 65-0380703 Applied For Not Applicable]
Zip	Country	Zip	Country		5. Certificate of Status Desired		3.75 Ade e Require	ditional	1
	6. Name and Address of Currer	nt Registered Agent	'		7. Name and Address of New Re		,		┨
-			Nam			<u> </u>			1
RODRIGU	iez, ana vidal		Chron	at Address (D	(P.O. Box Number is Not Acceptable)				
330 SW 1	17TH AVENUE		Silek	et Address (P.	O. Box Number is Not Acceptable)				l
SUITE 20	7								
MIAMI FL	33135		City			FL	Zíp Cod	e	
8. The above	named entity submits this statement	for the purpose of changing its	s registered offic	e or registered	d agent, or both, in the State of Flor	ida. ∃am fam	iliar with,	and accept	
the obliga	tions of registered agent.			-				•	
SIGNATURE									}
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	E: Registered Agent si	gnature required w	then reinstating)	DATE			
	ILE NOW!!! FEE IS \$150.00				4.5)				ĺ
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State			9. Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	CERS AND DI	RECTOR	S IN 11	ł
TITLE				- 1			Change	☐ Addition	િ
THEE	PD	☐ Delete	TITLE	i			Unango		
NAME	RODRIGUEZ, JORGE A	☐ Delete	NAME				1 onange		10,0
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

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