

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

01-23-2002 90050 005 ****50.00

DOCUMENT # L00000013957

1. Entity Name

AN & RE INVESTMENTS, LLC ✓

Principal Place of Business

**1378 VICTORIA ISLE DR.
 WESTON FL 33327**

Mailing Address

**1378 VICTORIA ISLE DR.
 WESTON FL 33327**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1101535

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PASTRANA, ANDRES
 2645 EXECUTIVE PARK DR., STE 105
 WESTON FL 33331**

7. Name and Address of New Registered Agent

Name

Steven F. Samilow

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

2645 EXECUTIVE PARK DRIVE

Suite 115

City

Weston

FL

Zip Code

33331

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)

DATE

1/9/02

**FILE NOW!!! FEE IS \$50.00.
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PASTRANA, ANDRES
 1378 VICTORIA DRIVE
 WESTON FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PASTRANA, REYNA
 1378 VICTORIA DRIVE
 WESTON FL** ☐ Delete

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

TITLE
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☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

01/09/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)