

3/28

3/

FILED
May 29, 2002 8:00 am
Secretary of State

03-28-2002 90006 029 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007853

1. Entity Name
9700 INVESTMENT LLC

Principal Place of Business
2900 N.W. 99TH AVE.
MIAMI FL 33172

Mailing Address
2100 N.W. 99TH AVE.
MIAMI FL 33172

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-1107987

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PEREZ, JOSEPH H
2100 N.W. 99TH AVE.
MIAMI FL 33172

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/MANAGING MEMBER <input type="checkbox"/> Delete JOSEPH H. PEREZ 9700 NW 17 ST MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT/MEMBER <input type="checkbox"/> Delete DAVID A. PEREZ 9700 NW 17 ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. VICE PRESIDENT/MEMBER <input type="checkbox"/> Delete SILVIA C. CARABAU 9700 NW 17 ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Delete ANDREW E. PEREZ 9700 NW 17 ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input type="checkbox"/> Delete SILVIO PEREZ IRREVOCABLE TRUST 9700 NW 17 ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] 3-18-02 (305) 5936954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)