

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 022 ****50.00

0021146

DOCUMENT # L01000007853

1. Entity Name

9700 INVESTMENT LLC



Principal Place of Business

**2100 N.W. 99TH AVE.
MIAMI FL 33172**

Mailing Address

**2100 N.W. 99TH AVE.
MIAMI FL 33172**

2. Principal Place of Business

9700 NW 17 Street

3. Mailing Address

9700 NW 17 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami, FL

Zip

33172

Country

US

Zip

33172

Country

US

4. FEI Number

65-1107987

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

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

Perez, Joseph H.

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

9700 NW 17 Street

City

miami

FL

Zip Code

33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PEREZ, JOSEPH H	
STREET ADDRESS	9700 NW 17 ST	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, DAVID A	
STREET ADDRESS	9700 NW 17 ST	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	CARABAUD, SILVIA C	
STREET ADDRESS	9700 NW 17TH ST	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, ANDREW E	
STREET ADDRESS	9700 NW 17 ST	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	SILVIO PEREZ IRREVOCABLE TRUST	
STREET ADDRESS	9700 NW 17 ST	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARABAUD, SILVIA C	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
SIGNATURE REQUIRED

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

4/24/03
Date

(305) 357-4467
Daytime Phone #

CR2E083 (10/02)