

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000015796**

1. Entity Name

**3060 FLAGLER INVESTMENTS, L.L.C.**

Principal Place of Business

**3555 NW 52ND ST.  
MIAMI FL 33142**

Mailing Address

**3555 NW 52ND ST.  
MIAMI FL 33142**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**applied for**☒ Applied For☐ Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**QUESADA, G. FRANK ESQ  
1313 PONCE DE LEON BLVD., STE. 200  
CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARDO J RAYON	
STREET ADDRESS	2125 So. Bayshore Drive	
CITY-ST-ZIP	Miami, Fl 33133	

TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER RAYON	
STREET ADDRESS	2125 So. Bayshore Drive	
CITY-ST-ZIP	Miami, Fl 33133	

TITLE	D	<input type="checkbox"/> Delete
NAME	MARILYN VIERA	
STREET ADDRESS	933 NW 32nd. Place	
CITY-ST-ZIP	Miami Fl 33125	

TITLE	D	<input type="checkbox"/> Delete
NAME	OVIDIO T VIERA	
STREET ADDRESS	933 NW 32nd. Place	
CITY-ST-ZIP	Miami, Fl 33125	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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: (X) *LEONARDO J RAYON* LEONARDO J RAYON-DIRECTOR 04-22-02 (305)633-9578**

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

Date

Daytime Phone #

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90055 012 \*\*\*\*55.00

**B0102789**

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)