

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90043 001 ****50.00

DOCUMENT # L02000019857



1. Entity Name
SEBISOL INVESTMENTS, LLC

Principal Place of Business
**C/O 1390 BRICKELL AVENUE, SUITE 200
MIAMI FL 33131**

Mailing Address
**C/O 1390 BRICKELL AVENUE, SUITE 200
MIAMI FL 33131**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
17850 W. DIXIE HWY

3. Mailing Address
17850 W. DIXIE HWY

Suite, Apt. #, etc.
2B

Suite, Apt. #, etc.
2B

City & State
NO. MIAMI BEACH

City & State
NO. MIAMI BEACH

Zip
33160

Country
USA

Zip
33160

Country
USA

4. FEI Number
20-0001410

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTILLO B. ALVARO P.A.
1390 BRICKELL AVENUE, SUITE 200
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
FABIO F. FAERMAN

Street Address (P.O. Box Number is Not Acceptable)
17850 W. DIXIE HWY #2B

City
NO. MIAMI BEACH FL 33160

City
FL

Zip Code
33160

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	FAERMAN, FABIO	C/O 1390 BRICKELL AVENUE, SUITE 200	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		17850 W. DIXIE HWY #2B	NO. MIAMI BEACH, FL 33160	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **3-17-03** 786 262 9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ **Date** _____ **Daytime Phone #** _____

007505

CR2E083 (10/02)