

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90001 040 ****55.00

DOCUMENT # L02000034346

1. Entity Name

AVSER INVESTMENTS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MIAMI

3. Mailing Address YOEL SARAF-N

10101 COLLINS AVE #19E

Suite, Apt. #, etc.

10101 COLLINS AVE 19E

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BAL HARBOUR - FL

City & State

BAL HARBOUR - FL

4. FEI Number

22-3888238

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name STUART D. AMES

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

2200 MUSEUM TOWER

150 WEST FLAGLER ST

City

MIAMI

FL

Zip Code

33154

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT/TREASURER	YOEL SARAF	10101 COLLINS AVE # 19E	BAL HARBOUR FL 33154
VICE PRESIDENT-SECRETARY	RINA SARAF	10101 COLLINS AVE	BAL HARBOUR FL 33154
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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

02-24-03

Date

305-867-9671

Daytime Phone #

CR2E083B (12/02)