

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 3000S AT

DOCUMENT # L990000002056

1. Entity Name
ROLIHER INVESTMENTS, L.L.C.

FILED
01 JAN 30 PM 1:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
16600 SAPPHIRE MANOR
WESTON FL 33331

Mailing Address
16600 SAPPHIRE MANOR
WESTON FL 33331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16600 SAPPHIRE MANOR
Suite, Apt. #, etc.
WESTON FLORIDA
City & State
Zip 33331 Country BROWARD

3. Mailing Address
ROLIHER INVESTMENTS, L.L.C.
Suite, Apt. #, etc.
16600 SAPPHIRE MANOR
City & State
WESTON FLORIDA
Zip 33331 Country BROWARD

4. FEI Number 65-0951404
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HERNANDO ORTIZ
16600 SAPPHIRE MANOR
WESTON FL 33331

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, MERCEDES AVENIDA COLON NO. 2-131, P.O. BOX 603 SAN ANDRES ISLAS, COLOMBIA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	400003657000 -02/08/01--01021--012 *****50.00 *****50.00	<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] Date: Jan. 24/01 Daytime Phone #: 954-3898299

CR2E083 (11/00)