

2000 UNIFORM BUSINESS REPORT (UBR)

0004835 AF

DOCUMENT # L99000008285

1. Entity Name
FABIO INVESTMENTS LLC

FILED

00 MAR 13 PM 2:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**C/O CARLOS BERGAMINO
12615 SW 91 STREET
MIAMI FL 33186**

Mailing Address

**C/O CARLOS BERGAMINO
12615 SW 91 STREET
MIAMI FL 33186-1872**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

CARLOS BERGAMINO

Suite, Apt. #, etc.

10700 SW 139 AVE

City & State

MIAMI, FL

Zip

33186

Country

USA

4. FEI Number

65-0981135

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERGAMINO, CARLOS
12615 SW 91 STREET
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

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

10700 SW 139 AVE

City

MIAMI FL

FL

Zip Code

33186

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**

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	BERGAMINO, CARLOS	10700 SW 139 AVENUE	MIAMI FL 33186	<input type="checkbox"/>
MGR	RAMIREZ, CARLOS	10700 SW 139 AVENUE	MIAMI FL 33186	<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
				<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"/>

**900003186309--6
-03/28/00--01012--019
*****50.00 *****50.00**

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:

CARLOS BERGAMINO

03/10/00

(305) 423670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

dcc