

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000498 AF

**DOCUMENT # L00000013136**

1. Entity Name

**MACH INVESTMENTS, LLC**

**FILED**

**01 APR 27 AM 1:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**283 CATALONIA AVENUE 2ND FLOOR  
CORAL GABLES FL 33134**

Mailing Address

**283 CATALONIA AVENUE 2ND FLOOR  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.  
283 CATALONIA AVENUE 2ND FLOOR  
CORAL GABLES FL 33134**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
**MGR  
RASCO, RAMON E  
283 CATALONIA AVENUE 2ND FLOOR  
CORAL GABLES FL 33134**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
**MGR  
ESQUENAZI, SALOMON B  
283 CATALONIA AVENUE 2ND FLOOR  
CORAL GABLES FL 33134**

TITLE NAME ☐ Change ☐ Addition  
**800004194098-4  
-05/10/01--01113--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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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:

**SIGNATURE REQUIRED**

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

**4/19/01**

Date

Daytime Phone #

CR2E083 (11/00)