

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90011 024 \*\*\*\*50.00

**DOCUMENT # L01000002593**

1. Entity Name

**PRISAN INVESTMENTS, LLC.**

Principal Place of Business

**1353 MAJESTY TERRACE  
WESTON FL 33327**

Mailing Address

**1353 MAJESTY TERRACE  
WESTON FL 33327**

2. Principal Place of Business

**1908 Harbor Pointe Circle**

Suite, Apt. #, etc.

3. Mailing Address

**1908 Harbor Pointe Circle**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Weston, Florida**

Zip

Country

**33327**

**USA**

City & State

**Weston, Florida**

Zip

Country

**33327**

**USA**

4. FEL Number

**05-1045683**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TOVAR, ILEANA ARIAS ESQ.  
9900 STIRLING ROAD, SUITE 218  
THE CENTRE BUILDING  
COOPER CITY FL**

7. Name and Address of New Registered Agent

Name

**TOVAR, Ileana Arias ESQ.**

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

**1725 Main Street, Suite 205**

**Weston Town Center**

City

**Weston**

FL

Zip Code

**33326**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/10/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **DISTRIBUTION MONTIEL RINCON, C.A.**  
STREET ADDRESS **9900 STIRLING RD., SUITE 218**  
CITY-ST-ZIP **COOPER CITY FL 33024**

TITLE **MGR** ☐ Delete  
NAME **PRINCIPE, FLAVIO**  
STREET ADDRESS **1353 MAJESTY TERRACE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **MGR** ☐ Delete  
NAME **SANCHEZ, JONATHAN**  
STREET ADDRESS **1353 MAJESTY TERRACE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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

**02/12/01**

**(954) 3852284**

Date

Daytime Phone #

CR2E083 (9/01)