

2001 UNIFORM BUSINESS REPORT (UBR)

U13814
AT

DOCUMENT # L00000000715

1. Entity Name
434 CHILEAN INVESTMENT COMPANY, L.C.

FILED

01 FEB -7 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
233 TRADEWIND DRIVE
PALM BEACH FL 33480

Mailing Address
233 TRADEWIND DRIVE
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
434 Chilean Ave
Suite, Apt. #, etc.
MANAGERS OFFICE
City & State
PALM BEACH, FL.
Zip
33480
Country
P.B.

3. Mailing Address
Suite, Apt. #, etc.
City & State
City
Country

4. FEI Number
25-0982357

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

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent
BROBERG, PETER S
223 PERUVIAN AVENUE
PALM BEACH FL 33480

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER WILLIAM COOLEY 233 TRADEWIND DR PALM BEACH, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MILLARD OAKLEY 1014 MAIN ST. LIVINGSTON, TN 38570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003675858-1 -02/13/01--01023--004 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: William Cooley **MANAGING MEMBER** 2/1/01 561844 0612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)