

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90238 020 ****50.00

DOCUMENT # L00000000715

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

Principal Place of Business

Mailing Address

**434 CHILIAN AVE.
 MANAGERS OFFICE
 PALM BEACH FL 33480**

**434 CHILIAN AVE.
 MANAGERS OFFICE
 PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0982357**

Applied For
 Not Applicable

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

**BROBERG, PETER S
 223 PERUVIAN AVENUE
 PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **COOLEY, WILLIAM**
 CITY-ST-ZIP **233 TRADEWIND DR.
 PALM BEACH FL 33480**

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

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **OAKLEY, MILLARD**
 CITY-ST-ZIP **1014 MAIN ST.
 LIVINGSTON TN 38570**

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

TITLE ☐ Delete
 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:

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

7/5/02 **561/655-6322**
 Date Daytime Phone #

CR2E083 (4/02)