

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001670
 1. Entity Name **PROYELEC INVESTMENT LLC**

FILED

01 MAY -4 AM 10:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 1080 WEST HALLANDALE BEACH BLVD HALLANDALE FL 33009
 Mailing Address: 1914 CEDAR COURT WESTON, FL 33327

2. Principal Place of Business: 1080 W. HALLANDALE BEACH BLVD
 3. Mailing Address: 1914 CEDAR COURT
 Suite, Apt. #, etc.

City & State: HALLANDALE FLORIDA
 City & State: WESTON FLORIDA
 Zip: 33009 Country: U.S.A.
 Zip: 33327 Country: U.S.A.

4. FEI Number: 65-0983500
 Applied For: Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LOUIS A. HERNANDEZ
 1914 CEDAR COURT
 WESTON, FL 33327

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: *[Signature]* DATE: 04/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)



9. MANAGING MEMBERS / MEMBERS	
TITLE: PRESIDENT-DIRECTOR NAME: LOUIS A. HERNANDEZ STREET ADDRESS: 1914 CEDAR COURT CITY-ST-ZIP: WESTON, FL 33327	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: 500004336475 STREET ADDRESS: -05/31/01--01078--011 CITY-ST-ZIP: *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* DATE: 04/30/2001 954-455-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

T0R2E083 (11/00)