## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2002 8:00 am Secretary of State DOCUMENT # L0000001670 02-28-2002 90042 027 \*\*\*\*50.00 PROYELEC INVESTMENTS LLC Principal Place of Business Mailing Address 1080 W. HALLANDALE BEACH BLVD. 1080 W. HALLANDALE BEACH BLVD. HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address 1914 1914 CEDAR COURT Cedag COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0983500 Wes TON -FLORIDA WESTON-FLORIDA Not Applicable -Country \$5.00 Additional -5. Certificate of Status Desired 33327 33327 A2O USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, LUIS A Street Address (P.O. Box Number is Not Acceptable) 1914 CEDAR COURT WESTON FL 33327 City Zip Code Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE TITLE Change ☐ Addition ☐ Delete HERNANDEZ, LUIS A NAME NAME 1914 CEDAR COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP ☐ Delete TITLE Change ▼ Addition MARTHA C. HERNANDEZ NAME NAME 1914 CADAR COJAT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Weston, FL- 33327 ☐ Addition TITLE TITLE Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

94-818 5845

Daytime Phone #

**FILED**