2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1914 CEDAR COURT

WESTON FL 33327

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

DOCUMENT # L0000001670

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

1914 CEDAR COURT

WESTON FL 33327

PROYELEC INVESTMENTS LLC

HERNANDEZ, LUIS A

1914 CEDAR COURT WESTON FL 33327



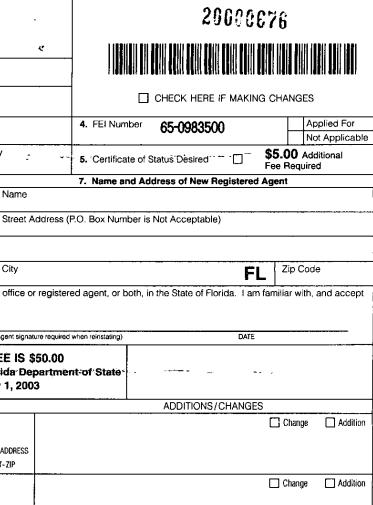
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Country

Name

FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90121 048 ****50.00



City 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) FILE NOW!!! FEE IS \$50.00 Make-Check-Payable-to-Florida Department-of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. TITLE TITLE □ Delete NAME HERNANDEZ, LUIS A NAME STREET ADDRESS STREET ADDRESS 1914 CEDAR COURT CITY-ST-7IP CITY-ST-7IP WESTON FL 33327 TITLE ☐ Delete TITLE NAME HERNANDEZ, MARTHA C NAME STREET ADDRESS STREET ADDRESS 1914 CEDAR COURT CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

954-818-5845

Daytime Phone #

CR2E083 (10/02)