

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002436

1. Entity Name  
P.S. ENTERPRISES INVESTMENTS, L.L.C.

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
330 SUNNY ISLES BLVD.  
SUNNY ISLES FL 33160

Mailing Address  
330 SUNNY ISLES BLVD.  
SUNNY ISLES FL 33160

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
65-0988209

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ROTH, LEONARDO A  
PH2, 9350 S. DIXIE HWY  
MIAMI FL 33156

## 7. Name and Address of New Registered Agent

Name  
LEONARDO A. ROTH

Street Address (P.O. Box Number is Not Acceptable)  
3440 Hollywood Blvd, Ste 360

City  
Hollywood FL Zip Code  
33021

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 LEONARDO A. ROTH, ESQ 3/1/01

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

300004009173--5  
-04/16/01--01005--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGING MEMBER	SILVIO SULICHIN	3440 HOLLYWOOD BLVD, Suite 360	HOLLYWOOD, FLORIDA 33021	<input type="checkbox"/>
COMANAGING member	Alberto Guillermo Ferrazzano	Montevideo 770	Buenos Aires Argentina	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: 3/1/01 205 4460022

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

0010305 AF

CR2E083 (11/00)