2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90274 009 ****50.00

DOCUMENT # *L00000002436*

1. Entity Name

P.S. ENTERPRISES INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
330 SUNNY ISLES BLVD. *SUNNY ISLES, FL. 33160*	*2742 BISCAYNE BLVD.* *MIAMI, FL. 33137*

967691

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		2742 BISCAYNE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State *MIAMI, FL.*	
Zip	Country	Zip *33137*	Country *USA*

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	7. Name and Address of New Registered Agent
ROTH, LEONARDO A. *3440 HOLLYWOOD BLVD., STE. 360* *HOLLYWOOD, FL33021*	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $60.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*MGRM* *SULICHINI, SILVIO* *3440 HOLLYWOOD BLVD., STE. 360* *HOLLYWOOD, FL33021*	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*M* *FERRAZZAMO ALBERTO G.* *MONTEVIDEO 770* *BUENOS AIRES ARGENTINA*	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*MGRM* *BARREIRO, PABLO G.* *2742 BISCAYNE BLVD.* *MAIMI, FL 33137*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*M* *ROTSZTAIN, PATRICIA* *330 SUNNY ISLES BLVD.* *SUNNY ISLES, FL. 33160*	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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: _____ MANAGER 4/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #