2001	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # L0000002902 1. Entity Name SOULGI INVESTMENTS, L.L.C.					FILED					305 AT
Principal Place of Business 3469 N.E. 169TH STREET NORTH MIAMI BEACH FL 33160		Mailing Address 3469 N.E. 169TH STREET NORTH MIAMI BEACH FL 33160			OI FEB 22 AM 9: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address		- 	 	3 113 88 141 88 111 88	0 0 2 0			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State	9	City & State		4. FEI Nu	umber 65-100	14286	1	plied For t Applicable		
Zip	Country	Zip .	Coun	try	5. Certific	cate of Status Desired		5.00 Add se Required		
	6. Name and Address of Current	Registered Agent		Name	7. Name	and Address of New F	Registered Ag	jent	-	
	UNTY CORPORATE AGENTS, INC	÷,		Street Address (P.O. Box Number is Not Acceptable)						
	20801 BISCAYNE BLVD., SUITE 505 AVENTURA FL 33180									
				City			FL	Zip Code	•	
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or registe	red agent, o	r both, in the State of Fi	orida.			
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating	g)	DATE			
,		FILE NO Make Check Pa		FEE IS \$50.00 o Department o	of State					
9.	MANAGING MEMB	ERS/MEMBERS	10.		<u></u>	ADDITIONS				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOKROVICHTCHOUK, RODION 3469 N.E. 169TH STREET NORTH MIAMI BEACH FL 33160	☐ Delete			•			Change	Addition	R2E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOULIAGUINE, EVGUENI 3469 N.E. 169TH STREET NORTH MIAMI BEACH FL 33160	☐ Delete	• • • • • • • • • • • • • • • • • • • •		: 	300003 -02/27 ******	7826 /0101 55.00]800(*****5(05 5.00	S.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				W	** ***	, Change	Addition .	j
NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	CITY	E ET ADDRESS -ST-ZIP		y		☐ Change	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 AND TYPED OR BRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destine Phone #										