## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2002 8:00 am **Secretary of State** DOCUMENT # L0000002902 02-05-2002 90097 016 \*\*\*\*50.00 1. Entity Name SOULGI INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 3469 N.E. 169TH STREET 3469 N.E. 169TH STREET 917176<u>Angon</u> NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1004286 Not Applicable Zip Country -Zip Country \$5.00 Additional 5. Certificate of Status Desired Ω Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DADE COUNTY CORPORATE AGENTS, INC Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD., SUITE 505 **AVENTURA FL 33180** City 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. (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 ADDITIONS/CHANGES 9. 10. MGR ☐ Addition (9/01 TITLE ☐ Chanoa TITLE ☐ Delete SOKROVICHTCHOUK, RODION NAME NAME CR2E083 STREET ADDRESS 3469 N.E. 169TH STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change SOULIAGUINE, EVGUENI . Name NAME STREET ADDRESS STREET ADDRESS 3469 N.E. 169TH STREET CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 Change Title F ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 C/TY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition 71TI E Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP tπι€ Delate TITLE ☐ Addition NAME NAME

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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