2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3469 N.E. 169TH STREET

DOCUMENT # L0000002902

1. Entity Name

Principal Place of Business

3469 N.E. 169TH STREET

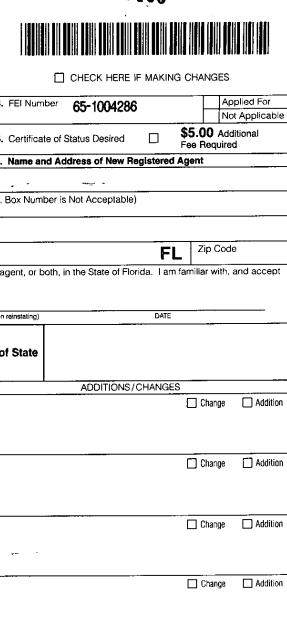
SOULGI INVESTMENTS, L.L.C.



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

01-08-2003 90117 036 ****50.00

20000465



NORTH MIAMI BEACH FL 33160			NORTH MIAMI BEACH FL 33160				- -	-00			
2. Principal Place of Business			3. Mailing Address							10 1101 1801	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES				
City & State			City & State		-	4. FEI Nur	nber 65-1004286)		plied For t Applicable	
Zip ·	Zip Country		Zip Co		try	5. Certifica	ate of Status Desired		\$5.00 Add		
	6 Name	and Address of Current F	Registered Agent	istered Agent		7. Name a	7. Name and Address of New Registered Agent				
V. Hamb and Address of Current Registered Agent						Name					
DAD	E COUNTY	CORPORATE AGENTS,	INC		Street Address (P.O. Box Number is Not Acceptable)						
		IE BLVD., SUITE 505									
	NTURA FL (
					City	·		FL	Zip Code	Э	
The above named entity submits this statement for the purpose of changing its registered.						etered agent or	hoth in the State of Flo		amiliar with	and accept	
	named entity ions of regist		the purpose of changing it	s register	ed diffice or regis	stered agent, or	both, in the State of Flor	ida. Tamie	ATTITUDE PRICEI, C	and docop:	
		3									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere						uired when reinstating)		DATE			
											
					FEE IS \$50.0						
			Make Check Payab			ment of State					
			Du	ay 1, 2003							
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		-1-/	
TITLE	MGR		☐ Delete	TITLI	E				Change	☐ Addition	
NAME		CHTCHOUK, RODION		NAM							
STREET ADDRESS		169TH STREET			ET ADDRESS						
CITY-ST-ZIP		<u>IIAMI BEACH FL 33160</u>		CHY	-ST-ZIP						
TITLE	MGR		☐ Delete	TITLI	E				Change	Addition	
NAME		uine, evgueni		NAM							
STREET ADDRESS		169TH STREET			ET ADDRESS						
CITY-ST-ZIP	NORTH M	<u>IIAMI BEACH FL 33160</u>	<u> </u>	GRY	-ST-ZIP						
TITLE	!		. 🗖 Delete	TITLI					☐ Change	☐ Addition	
NAME				NAM							
STREET ADDRESS	-				ET ADDRESS . -ST-ZIP						
CITY-ST-ZIP			F*1						CI Change	☐ Addition	
TITLE			☐ Delete	TITLI					☐ Change	☐ Addition	
NAME				NAM	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP						
				_					□ Chanas	- Addition	
TITLE			☐ Delete	TITLI					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
			П		-		- .		☐ Change	☐ Addition	
TITLE			☐ Delete	TITLI NAM							
NAME STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING