

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003080

1. Entity Name
PELSAR INVESTMENTS, L.L.C.

FILED

01 FEB 14 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
22051 EAST MONTOMOY DRIVE
BOCA RATON FL 33433

Mailing Address
22051 EAST MONTOMOY DRIVE
BOCA RATON FL 33433

2. Principal Place of Business
22233 ALYSSUM WAY
Suite, Apt. #, etc.

3. Mailing Address
22233 ALYSSUM WAY
Suite, Apt. #, etc.

City & State
BOCA RATON
Zip
FL 33433

City & State
BOCA RATON, FL
Zip
33433

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BULMAN, RICHARD C JR
C/O KIRKPATRICK & LOCKHART LLP
201 SOUTH BISCAYNE BOULEVARD, 20TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
FRANK SARAGOSI
Street Address (P.O. Box Number is Not Acceptable)
22233 ALYSSUM WAY
City
BOCA RATON FL Zip Code
33433

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 1/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING DIRECTOR
FRANK SARAGOSI
22233 ALYSSUM WAY
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
YARON PELED
20200 LUCILE AVE, #4
CUPERTINO CA 95014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003709195 ☐ Change ☐ Addition
-02/19/01--01031--015
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/26/01 Date 561 620 2945 Daytime Phone #

CR2E083 (11/00)