2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000003774						FILED	e Sample Stranger (* 1888)	-	,	
ARELLANO INVESTMENT GROUP, LLC						01 MAR 12 AM 9: 26				
Principal Place of Business Mailing Address						SECRETARY OF S TALLAHASSEE, FL	.ORIDA	-		
2 SOUTH BISC 3400-ONE BISC		2 SOUTH BISCAYNE BLVD. 3400-ONE BISCAYNE TOWER								
MIAMI FL 33131 MIAMI FL 33131					1	 Cilebi indi alah bari dika kalah bari da	AZNIK ADIAN JINYI IJON K			
2. Principal P	Place of Business	3. Mailing Address			- '			••••		
Suite, Apt.	#, etc	=Suite, Apt.#, etc	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e .	City & State	City & State			lumber		pplied For ot Applicable]	
Zip Country		Zip	Country		5. Certi	ficate of Status Desired	¢5 00	ditional	1	
	6. Name and Address of Current	 t Registered Agent			7. Name	e and Address of New Registe			1	
VALDES-FAULI CORPORATE SERVICES, INC.				Name						
ONE BISCAYNE TOWER-SUITE 3400				Street Address (P.O. Box Number is Not Acceptable) .						
	BISCAYNE BLVD.	المعاد ومجيج بيداد الأدامي	ا المارات المارات في المراجعية والمارات المراجعية والمارات المراجعية والمراجعية والمراجعية والمراجعية والمراجعية		ريه در بدر مردسون	المراجعة المتعارضة		., .	1	
MIAMI FL	33131			City			FL Zip Cod	ie	1	
8. The above	named entity submits this statement for	or the purpose of changing it	ts registere	l ed office or regis	tered agent,	or both, in the State of Florida.			-	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature requ	ired when reinstati	ng) C	DATE			
		FILE N	NOW!!!	FEE IS \$50.0	0					
	·	Make Check P		•						
9.	MANAGING MEMB	BERS/MEMBERS	10.			ADDITIONS/CHAN	NGES		$\frac{1}{2}$	
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NAME STREET ADDRESS	•		NAM Stre	E et address						
CITY-ST-ZIP				-ST-ZIP	. -					
indicated	certify that the information supplied wit on this report is true and accurate and	that my signature shall have	e the came	a legal effect as i	f made under	oath that I am a managing m	er certify that the in	nformation er of the		
limited lial	bility company or the receiver or truste	e empowered to execute this	s report as	required by Cha	apter 608, Flo	rida Statutes.				
CICNIAT	TIPE: / hall	I Illiano	rge R) Arellar	10	2/1/2/2	52-854-9	Ubn		
SIGNAT	SIGNATURE AND TYPED OF PRINTED NAME					Date	Daytime Phone #			