

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2003 8:00 am
Secretary of State

09-23-2003 90023 041 ****50.00

DOCUMENT # L00000004018

1. Entity Name

NEWEST INVESTMENTS, LLC



Principal Place of Business

Mailing Address

19451 SHERIDAN STREET # 347
PEMBROKE PINES FL 33332

19451 SHERIDAN STREET # 347
PEMBROKE PINES FL 33332

2. Principal Place of Business

3. Mailing Address

17150 ARVIDA PARKWAY

17150 ARVIDA PARKWAY

Suite, Apt. #, etc.

SUITE # 4

Suite, Apt. #, etc.

SUITE # 4

City & State

WESTON, FLORIDA

City & State

4. FEI Number **65-0999543**

Applied For

Not Applicable

Zip

Country

33326

USA

Zip

Country

33326

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGUILAR, LUIS
4299 LAUREL RIDGE CIR.
WESTON FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **AGUILAR, LUIS**
STREET ADDRESS **4299 LAUREL RIDGE CIR.**
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Handwritten Signature]

SIGNATURE REQUIRED

09/19/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)