

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016509 AF

DOCUMENT # L00000004334

1. Entity Name  
DLA INVESTMENTS, LLC

FILED

01 APR -4 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3735-B SHARES PLACE  
RIVIERA BEACH FL 33404

Mailing Address  
P.O. BOX 211942  
ROYAL PALM BEACH FL 33421-1942



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number ☒ Applied For ☐ Not Applicable

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

Zip Country Zip Country

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CORNWELL, CHARLES C  
3735-B SHARES PLACE  
RIVIERA BEACH FL 33404

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

## 9. MANAGING MEMBERS/MEMBERS

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles C. Cornwell 3735-B Shares Place Riviera Beach, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003995302-9 -04/12/01--01120--005 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Fares F. Behmardi 3735-B Shares Place Riviera Beach, FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ 3.14.01 561-845-0122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)