

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004343

1. Entity Name

PENSION BAY INVESTMENTS, L.L.C.

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91597 016 \*\*\*\*50.00

Principal Place of Business

C/O HOWARD S. SUSSKIND  
2801 PONCE DE LEON BLVD., SUITE 750  
CORAL GABLES FL 33134

Mailing Address

C/O HOWARD S. SUSSKIND  
2801 PONCE DE LEON BLVD., SUITE 750  
CORAL GABLES FL 33134

968363



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1001936

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUSSKIND, HOWARD S  
2801 PONCE DE LEON BLVD., SUITE 750  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACRA LOCAL 725 PENSION TRUST FUND 13185 N.W. 45TH AVENUE OPA LOCKA FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTH FLORIDA ELECTRICAL WORKER'S PENSION 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLUMBER'S LOCAL UNION 519 PENSION FUND 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTH FLORIDA CARPENTERS PENSION PLAN 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEET METAL WORKERS LOCAL UNION #32 PENSIO 2801 PONCE DE LEON BLVD., SUITE 750 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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:

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

Date

Daytime Phone #

CR2E083 (9/01)