

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90021 027 \*\*\*\*55.00

0016195

**DOCUMENT # L00000007168**

1. Entity Name

**CITY INVESTMENTS, L.L.C.**

Principal Place of Business

**19707 TURNBERRY WAY  
APT 4C  
AVENTURA FL 33180**

Mailing Address

**19707 TURNBERRY WAY  
APT 4C  
AVENTURA FL 33180**

2. Principal Place of Business

**6683E Montego Bay Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**6683E Montego Bay Blvd**

Suite, Apt. #, etc.

City & State

**Boca Raton Fl. 33433**

Zip

Country

City & State

**Boca Raton Fl. 33433**

Zip

Country

4. FEI Number

**65-1017756**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FEINBERG, JEFFREY  
4000 HOLLYWOOD BLVD  
SUITE 350-N  
HOLLYWOOD FL 33021**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ROSENBERG, ALBERT  
19707 TURNBERRY WAY APT 4C  
AVENTURA FL 33180** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Albert Rosenberg  
6683E Montego Bay Blvd  
Boca Raton Fl. 33433** ☒ Change ☐ Addition ☐ Change ☐ Addition

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

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

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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** *Albert Rosenberg* **REQUIRED**

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

Date

Daytime Phone #

**1/23/01 561-338-5715**

CR2E083 (9/01)