

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L00000008373**

**1. Entity Name**  
RO-MACH I INVESTMENTS, LLC

**FILED**

01 JAN 22 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
1000 BRICKELL AVENUE, SUITE 660  
MIAMI FL 33131

**Mailing Address**  
1000 BRICKELL AVENUE, SUITE 660  
MIAMI FL 33131

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**  
65-1029211      Applied For  
Not Applicable

**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**

XIQUES, ALBERT J  
1000 BRICKELL AVENUE, SUITE 660  
RODRIGUEZ & MACHADO, P.A.  
MIAMI FL 33131

Name *Carlos M. Machado, Esq.*  
Street Address (P.O. Box Number is Not Acceptable)  
*1000 Brickell Avenue*  
*Suite 660*  
City *Miami*      FL      Zip Code *33131*

**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]* *Carlos Machado*      1/16/2001  
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

700003590727--1  
-01/29/01--01012--030  
\*\*\*\*\*50.00      \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

|                |                                 |
|----------------|---------------------------------|
| TITLE NAME     | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE NAME     | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE NAME     | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                 |
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| TITLE NAME     | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE NAME     | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

|                |   |
|----------------|---|
| TITLE NAME     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| STREET ADDRESS | <i>MGRM</i>   |
| CITY-ST-ZIP    | <i>JUAN J. RODRIGUEZ</i><br><i>1000 Brickell Avenue, Ste. 660</i><br><i>Miami, FL 33131</i> |
| TITLE NAME     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| STREET ADDRESS | <i>MGRM</i>   |
| CITY-ST-ZIP    | <i>Carlos M. Machado</i><br><i>1000 Brickell Avenue, Ste. 660</i><br><i>Miami, FL 33131</i> |
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE NAME     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| 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: *[Signature]* *Carlos Machado*      1/16/2001      (305) 377-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)