

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000010897

1. Entity Name

NIKKEI INVESTMENTS, L.L.C.

FILED

01 MAR 26 PM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
901 PONCE DE LEON BOULEVARD, SUITE 603 901 PONCE DE LEON BOULEVARD, SUITE 603  
CORAL GABLES FL 33134 CORAL GABLES FL 33134

2. Principal Place of Business 3. Mailing Address  
1801 Purdy Av 1801 Purdy Av  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Miami Beach Miami Beach  
Zip 33139 Country Dade Zip 33139 Country Dade

4. FEI Number 65-1079318 Applied For Not Applicable  
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALBORNOZ, WILLIAM H  
901 PONCE DE LEON BOULEVARD, SUITE 603  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name Alejandro SUCRE  
Street Address (P.O. Box Number is Not Acceptable) 888 Brickell Reef Dr # 1610  
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 Alejandro SUCRE DATE 02/01/01  
(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS  
TITLE NAME ☐ Delete  
NAME MGR  
STREET ADDRESS SUCRE, ALEJANDRO  
CITY-ST-ZIP 901 PONCE DE LEON BOULEVARD, SUITE 603  
CORAL GABLES FL 33134  
TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES  
TITLE NAME ☐ Change ☐ Addition  
NAME 800003959588-1  
STREET ADDRESS -04/04/01--01035--008  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00  
TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
NAME  
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: Alejandro SUCRE DATE 02/01/01 DAYTIME PHONE # (305) 5352414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)