

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000010989**

1. Entity Name

DOBLEP Investment, LLC

Principal Place of Business
**7531 SW 138th St.
Miami, FL 33158**

Mailing Address
**7531 SW 138th St
Miami, FL 33158**

FILED

01 APR 16 AM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

65-1040322

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

**Luis F. DE LA CRUZ, Jr.
241 Sevilla Avenue, Suite 805
Coral Gables, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

200004036797-4

04/20/01-01125-009

City

******35.00 ****35.00**
Zip Code

FL

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

\$ 55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
HGRH Sylvia Perera
STREET ADDRESS **7531 SW 138th St.**
CITY-ST-ZIP **Miami, FL 33158**

TITLE NAME ☐ Change ☒ Addition
HGRH Maria Cristina Sanchez de Paparoni
STREET ADDRESS **7531 SW 138th St**
CITY-ST-ZIP **Miami, FL 33158**

TITLE NAME ☐ Delete
HGRH Reinaldo Perera
STREET ADDRESS **7531 SW 138th St.**
CITY-ST-ZIP **Miami, FL 33158**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ 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:

Sylvia Perera (HGRH)

04/10/01

(305) 256 8314

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

Date

Daytime Phone #

CR2E083 (11/00)