

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State
 01-28-2002 90002 017 ****55.00

DOCUMENT # L00000010989

1. Entity Name
DOBLEP INVESTMENTS, LLC

Principal Place of Business
 7351 S.W. 138TH ST.
 MIAMI FL 33158

Mailing Address
 7351 S.W. 138TH ST.
 MIAMI FL 33158

2. Principal Place of Business
 7531 SW 138th ST.
 Suite, Apt. #, etc.

3. Mailing Address
 7531 SW 138th ST.
 Suite, Apt. #, etc.

City & State
 MIAMI, FL.

City & State
 MIAMI, FL.

Zip
 33158

Country
 U.S.A.

Zip
 33158

Country
 U.S.A.

4. FEI Number 65-1040322

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 DE LA CRUZ, LUIS F JR.
 241 SEVILLA AVE. STE. 805
 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 _____ (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 PERERA, REINALDO 7531 S.W. 138TH ST. MIAMI FL 33158	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERERA, SYLVIA 7531 S.W. 138TH ST. MIAMI FL 33158	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE PAPARONI, MARIA CRISTINA 7531 S.W. 138TH ST. MIAMI FL 33158	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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 REQUIRED / MGRM 01/22/02 305-256-8314

CR2E083 (9/01)