

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

0032414 SP

DOCUMENT # L00000012895

1. Entity Name

FLORIDA EDUCATION AND INVESTMENTS L.L.C.

01 APR -2 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1374 CANNIDY ISLAND DRIVE
WESTON FL 33327

Mailing Address

1374 CANNIDY ISLAND DRIVE
WESTON FL 33327

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

X 65-1079566

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

DE VARONA, RAUL J
145 MADEIRA AVENUE
SUITE 310
CORAL GABLES FL 33134

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

8000003996388--1
-04/13/01--01027--003
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM PINZON, GILBERTO ☐ Delete
STREET ADDRESS 1374 CANNIDY ISLAND DRIVE
CITY-ST-ZIP WESTON FL 33327

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1374 CANARY ISLAND DRIVE
CITY-ST-ZIP

TITLE NAME MGRM DE PINZON, ADRIANA ☐ Delete
STREET ADDRESS 1374 CANNIDY ISLAND DRIVE
CITY-ST-ZIP WESTON FL 33327

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 1374 CANARY ISLAND DRIVE
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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:

GILBERTO PINZON 2/8/01 954-5937842

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

Date

Daytime Phone #

CR2E083 (11/00)