2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUT

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Feb 24, 2002 8:00 am Secretary of State			
DOCUMENT # L0000013080						01-17-2002 90015 008 ****55.00			
R&J	INVESTMENTS, LLC		× 41 1,	ī <u>.</u>		01-17-2	2002 90013 008	33.00	
16211 NE 12	ICO OF Business ITH AVENUE II BEACH FL 33182	Mailing Address 16211 NE 12TH AVENUE NORTH MIAMI BEACH FL 33162				- 1001U			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			1 037 1150/1140		Applied For Not Applicable		
Z i p	Country	Zip	Coun	try	5. Cert	ificate of Status Desired	\$5.00 A	Additional	
	6. Name and Address of Current	Registered Agent		=Name	7. Nam	e and Address of New F	Registered Agent		
SAICHEK, LAWRENCE A 601 BRICKELL KEY DRIVE, SUITE 505 MIAMI FL 33131					ddress (P.O. Box Number is Not Acceptable)				
				City	,		FL Zip Ci	ode	
8. The above	a named entity submits this statement for	the purpose of changing its	registere	d office o	or registered agent,	or both, in the State of Fk	orida.		
SIGNATURE				** ***	·			İ	
	Signature, typed or printed name of registered against				ture required when reinstat	ing)	DATE		
		FILE NO Make Check Pa Duc	yable to		tment of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS,	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RKH INVESTMENTS INC. 16211 NE 12TH AVENUE NORTH MIAMI BEACH FL 33162	☐ Delete					☐ Change	(9)	
TITLE NAME STREET ADDRESS, CITY-ST-ZIP	MEM EASTAR INVESTMENTS, INC16211-NE 12TH AVENUE NORTH MIAMI BEACH FL 33162	☐ Delete	~-		3616.ATL	RM NVESTMENI ANTA ST OD PL 330	·	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deletæ _		: T address ST-ZIP	_	— . <u></u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CD Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	Addition	
TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	T ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition .	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS	<u> </u>		☐ Change	Addition	
ישטונטיייי	ertify that the information supplied with to on this report is true and accurate and it bility company or the receiver or trustee	ial inv signatijie stali nave ti	the exem	ption stat	nahnu aham ti sa tr	nath that I am a managi	further certify that the ng member or manag	information er of the	

GARD WARDER TOUD FRAM DIN POS EASTAID NO SHOW 9483536