

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90130 010 ****50.00

DOCUMENT # L00000013869

1. Entity Name

SIERRA HORIZON INVESTMENTS, LLC



Principal Place of Business

**7004 N.W. 67 TERRACE
PARKLAND FL 33067**

Mailing Address

**7004 N.W. 67 TERRACE
PARKLAND FL 33067**

2. Principal Place of Business

**3369 Sheridan St. #174
Suite, Apt. #, etc.
Hollywood FL 33021**

3. Mailing Address

**3369 Sheridan St. #174
Suite, Apt. #, etc.
Hollywood FL**

City & State

City & State

Zip

Country

Zip

Country

33021

33021



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1059448**

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

**FRIEDMAN, STEPHEN
7004 N.W. 67 TERRACE
PARKLAND FL 33067**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **FRIEDMAN, STEPHEN**
STREET ADDRESS **7004 N.W. 67 TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067**

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

TITLE **MGR** ☐ Delete
NAME **SCHLOSBERG, MARTIN**
STREET ADDRESS **7004 N.W. 67 TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3369 Sheridan St. #174**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ 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:

SIGNATURE REQUIRED

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

4-18-03

(954) 987-3599

Date

Daytime Phone #

CR2E083 (10/02)