

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013957

1. Entity Name  
AN & RE INVESTMENTS, LLC

Principal Place of Business  
4162 SABLE RIDGE CIR  
WESTON FL 33331

Mailing Address  
4162 SABLE RIDGE CIR  
WESTON FL 33331

2. Principal Place of Business

1378 VICTORIA ISLE DR

Suite, Apt. #, etc.

3. Mailing Address

1378 VICTORIA ISLE DRIVE

Suite, Apt. #, etc.

City & State  
Weston FL

Country

City & State  
Weston FL

Country

Zip  
33327

Zip  
33327

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVINE & SEGAUL, P.A.  
4300 N. UNIVERSITY DRIVE A-106  
FORT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name  
Andres Pastana

Street Address (P.O. Box Number is Not Acceptable)  
2645 Executive Park Drive, Ste 105

City  
Weston

FL

Zip Code  
33331

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

3/27/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change 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

3/27/01

954-389-7773

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

Date

Daytime Phone #

0013037 AF

CR2E083 (11/00)

