

2001 UNIFORM BUSINESS REPORT (UBR)

0013037 AF

DOCUMENT # L00000013957

1. Entity Name
AN & RE INVESTMENTS, LLC

FILED
01 MAY 21 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

City & State
Weston FL

Zip
33327

Country

4. FEI Number **Applied For**
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 **DATE** 3/27/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
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
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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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: **DATE** 3/27/01 **Daytime Phone #** 954-389-7773

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

CR2E083 (11/00)