

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90171 026 ****50.00

DOCUMENT # L00000014625

1. Entity Name
CAPITAL INVESTMENT, L.L.C.

Principal Place of Business

**295 W 27TH ST
HIALEAH FL 33010**

Mailing Address

**295 W 27TH ST
HIALEAH FL 33010**

2. Principal Place of Business

295 W 27th St

3. Mailing Address

295 W 27th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Florida

City & State

Hialeah Florida

Zip

33010

Country

Zip

33010

Country

4. FEI Number

APPLIED FOR

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

**CALLEJA, SERGIO T
295 W 27TH ST
HIALEAH FL 33010**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **CALLEJA, SERGIO T**
STREET ADDRESS **295 W 27TH ST**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **MGR** ☐ Change ☐ Addition
NAME **CALLEJA, SERGIO**
STREET ADDRESS **295 W 27th St Hialeah FL 33010**
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **CAYON, JORGE**
STREET ADDRESS **295 W 27TH ST**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **MGR** ☐ Change ☐ Addition
NAME **CAYON, JORGE**
STREET ADDRESS **295 West 27th St Hialeah FL 33010**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

01/29/02

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

Date

Daytime Phone #

CR2E083 (9/01)