

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

00318

03-18-2002 90032 042 *****50.00

DOCUMENT # L00000015171

1. Entity Name

MARANATHA INVESTMENTS, L.L.C.

Principal Place of Business

**8916 SOUTHBAY DRIVE
TAMPA FL 33615**

Mailing Address

**8916 SOUTHBAY DRIVE
TAMPA FL 33615**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1061122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00
Additional
Fee Required

6. Name and Address of Current Registered Agent

**REGNAULT, FERNANDO JOSE
8916 SOUTHBAY DRIVE
TAMPA FL 33615**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
REGNAULT, REBECA J
8916 SOUTHBAY DRIVE
TAMPA FL 33615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
REGNAULT, FERNANDO JOSE
8916 SOUTHBAY DRIVE
TAMPA FL 33615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

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

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☐ 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 REQUIRED

02/27/02

813-966 6155

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

Date

Daytime Phone #

CR2E083 (9/01)