

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90205 001 \*\*\*250.00

DOCUMENT # **L000000015767**

1. Entity Name

**PLANINVEST FINANCIAL, LLC** ✓

Principal Place of Business

Mailing Address

1200 BRICKELL AVE. SUITE 900  
 C/O AGI REGISTERED AGENTS INC.  
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

**6799 Newport Lake Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boca Raton, Florida**

City & State

Zip

**33496**

Country

**U.S.A.**

Zip

Country

4. FEI Number

**58-2590125**

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

AGI REGISTERED AGENTS, INC.  
 1200 BRICKELL AVE. SUITE 900  
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

**AGI Registered Agents, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**1200 Brickell Avenue**

**Suite 900**

City

**Miami**

**FL**

Zip Code

**33131**

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]* President

(NOTE: Registered Agent signature required when reinstating)

**4/25/02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MBR**  
 NAME **Stolk, Carlos Eduardo**  
 STREET ADDRESS **6799 Newport lake Circle**  
 CITY-ST-ZIP **Boca Raton, Fl. 33496**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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]*

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

**4/25/02**

Date:

**305-416-6800**

Daytime Phone \*