

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000000025**

1. Entity Name

LEXUS INVESTMENTS, LLC.**FEIN 65-1085130**

Principal Place of Business

**4739 TORTOISE SHELL DRIVE
BOCA RATON FL 33487**

Mailing Address

**4739 TORTOISE SHELL DRIVE
BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**NEWMAN, LESLIE J
4739 TORTOISE SHELL DRIVE
BOCA RATON FL 33487**

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	P	<input type="checkbox"/> Delete
NAME	NEWMAN, LESLIE J	
STREET ADDRESS	4739 TORTOISE SHELL DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**NEWMAN, LESLIE J****1/7/02****561-988-0048**

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

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90029 016 ****50.00

902335

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1085130** **APPLIED FOR** Applied For Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

0017302

CR2E083 (9/01)