

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90580 007 ****55.00

DOCUMENT # L01000001017

1. Entity Name

DUNA INVESTMENTS, L.C.

Principal Place of Business

C/O IRVING SHIMOFF, ESQ.
 BANK OF AMERICA TWR 100 SE 2ND ST STE 3920
 MIAMI FL 33131

Mailing Address

C/O IRVING SHIMOFF, ESQ.
 BANK OF AMERICA TWR 100 SE 2ND ST STE 3920
 MIAMI FL 33131

2. Principal Place of Business

100 S.E. 2nd Street

Mailing Address

10 Collins Suite 1880

Suite, Apt. #, etc.

Suite 3920

Suite, Apt. #, etc.

200 South Biscayne Blvd.

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

4. FEI Number

65-1085844

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required.

6. Name and Address of Current Registered Agent

SHIMOFF, IRVING ESQ.
 100 SE SECOND ST., STE. 3920
 BANK OF AMERICA TOWER
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **CHRISTINA COLLINS**

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

10 Suite 1880

200 South Biscayne Blvd

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

Christina Collins

CHRISTINA COLLINS

4-25-02

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 **MGRM** ☐ Delete
 NAME **SHIMOFF, IRVING**
 STREET ADDRESS **100 S.E. 2ND ST., STE. 3920**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
 NAME **CHRISTINA COLLINS**
 STREET ADDRESS **10 Suite 1880**
 CITY-ST-ZIP **200 South Biscayne Blvd, Miami, FL 33131**

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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: *Christina Collins* **CHRISTINA COLLINS**

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

4-25-02 305-372 3535

Date

Daytime Phone #

CR2E083 (9/01)