2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90011 024 ****50.00

DOCUMENT # L01000002593

1. Entity Name
PRISAN INVESTMENTS, LLC.

Principal Place of Business	Mailing Address
1353 MAJESTY TERRACE WESTON FL 33327	1353 MAJESTY TERRACE WESTON FL 33327

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1908 Harbor Pointe Circle Suite, Apt. #, etc.	1908 Harbor Pointe Circle Suite, Apt. #, etc.
City & State: Weston, Florida	City & State: Weston, Florida
Zip: 33327 Country: USA	Zip: 33327 Country: USA

4. FEI Number 65-1075683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TOVAR, ILEANA ARIAS ESQ.
9900 STIRLING ROAD, SUITE 218
THE CENTRE BUILDING
COOPER CITY FL

7. Name and Address of New Registered Agent

Name: TOVAR, Ileana Arias ESQ.
Street Address (P.O. Box Number is Not Acceptable): 1725 Main Street, Suite 205
Weston Town Center
City: Weston FL Zip Code: 33326

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 _____ 02/10/02
Signature, typed or printed name of individual & capacity/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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DISTRIBUTION MONTIEL RINCON, C.A. 9900 STIRLING RD., SUITE 218 COOPER CITY FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PRINCIPE, FLAVIO 1353 MAJESTY TERRACE WESTON FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SANCHEZ, JONATHAN 1353 MAJESTY TERRACE WESTON FL 33327	☐ 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
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CR2E083 (9/01)

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 02/12/01 (954) 3852284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #