

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000591

DOCUMENT # **L01000002673**

1. Entity Name
NIA INVESTMENTS OF ORLANDO, L.L.C.



FILED
03 SEP 30 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RMJH



9/30 ☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**4915 KENSINGTON PARK BLVD.
ORLANDO FL 32819**

Mailing Address
**4915 KENSINGTON PARK BLVD.
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **APPLIED FOR**
20-0186048

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALPER, JONATHAN B
274 KIPLING COURT
HEATHROW FL 32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **MGR** ☐ Delete
DURAND, JEFF
STREET ADDRESS **4915 KENSINGTON PARK BLVD**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE NAME **MGRM** ☐ Delete
PREWITT, TIFFANY J
STREET ADDRESS **4915 KENSINGTON PARK BLVD**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE NAME **MGRM** ☐ Delete
SMITH, ANTONIO
STREET ADDRESS **4915 KENSINGTON PARK BLVD**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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: **Tiffany J. Prewitt**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/23/03

Date Daytime Phone #

CR2E083 (4/03)