

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90040 020 ****50.00

DOCUMENT # L01000002966

1. Entity Name

ROUTE INVESTMENTS, LLC



Principal Place of Business

11551 SW 106 TERR
MIAMI FL 33176

Mailing Address

11551 SW 106 TERR
MIAMI FL 33176

2. Principal Place of Business

11743 S.W. 103 Ln

3. Mailing Address

11743 S.W. 103 Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33176

Country

U.S.A.

Zip

33176

Country

U.S.A.

4. FEI Number

65-1123709

Applied For

Not Applicable

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

OLANO, GERMAN A
843 NW 27 AVE.
MIAMI FL 33125

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM *Plinio*
OLANO, ~~ANIMO~~ E
999 BRICKELL AVE, SUITE 700
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
11743 S.W. 103 Ln
Miami, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MESA, LUIS F
999 BRICKELL AVE, SUITE 700
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
11743 S.W. 103 Ln
Miami, FL 33176

TITLE
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CITY-ST-ZIP
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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: *Plinio Olano* **Feb 1/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)