

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90063 020 ****50.00

DOCUMENT # L01000009497

1. Entity Name

AFK INVESTMENTS, LLC



Principal Place of Business

Mailing Address

**36 N.E. FIRST STREET
SUITE 211
MIAMI FL 33132**

**36 N.E. FIRST STREET
SUITE 211
MIAMI FL 33132**

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 **65-1112624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET
SUITE 3950
MIAMI FL 33131**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **FRAYNARD, GERMAN**
CITY-ST-ZIP **21150 BISCAYNE BLVD., #302
AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition
NAME **FRAYND, GERMAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **KASSAB, SASSON**
CITY-ST-ZIP **21150 BISCAYNE BLVD., #302
AVENTURA FL 33180**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **ALBEEN, JONNY**
CITY-ST-ZIP **21150 BISCAYNE BLVD., #302
AVENTURA FL 33180**

TITLE ☐ Change ☐ Addition
NAME **ALPERN, JONNY**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

CR2E083 (10/02)