

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90036 024 ****50.00

DOCUMENT # L01000010213

1. Entity Name

I-95 INVESTMENTS LLC

Principal Place of Business

204 THREE ISLAND BLVD.
 SUITE 201
 HALLANDALE FL 33009

Mailing Address

204 THREE ISLAND BLVD.
 SUITE 201
 HALLANDALE FL 33009

2. Principal Place of Business

1749 E HALLANDALE BEACH

3. Mailing Address

1749 EAST HALLANDALE

Suite, Apt. #, etc.

BLVD SUITE # 109

Suite, Apt. #, etc.

BEACH BLVD SUITE # 109

City & State

HALLANDALE, FLORIDA

City & State

HALLANDALE FLORIDA

Zip

33009

Country

USA

Zip

33009

Country

USA

6. Name and Address of Current Registered Agent

TAL NIR
204 THREE ISLAND BLVD.
SUITE 201
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

TAL NIR

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

1749 E HALLANDALE BEACH BLVD # 109

City

HALLANDALE

FL

Zip Code

33009

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

TAL NIR
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
TAL, NIR
204 THREE ISLAND BLVD.
HALLANDALE FL 33009

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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

4/5/02
 Date

954 5609644
 Daytime Phone #

CR2E083 (9/01)