2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011585

1. Entity Name



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90229 027 ****50.00

CRUSA IN	VESTMENTS, L.L.C.	•								
Principal Plac	e of Business	Mailing Address			1					
875 W 69 STREET HIALEAH FL 33014		875 W 69 STREET HIALEAH FL 33014 US			NIL DEN BRITTA HEDEL BORRE SERVE BREIV) 11 111 (1 16 1	11 23 1 1 1141 1	1181 SIN 1881		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF I	MAKING (CHANGES	3		
City & State		City & State			4. FEI Num	nber 65-1136571			pplied For lot Applicable]
Zip Country		Zip Country		ry				5.00 Ad	00 Additional Required	
	6. Name and Address of Current I	Registered Agent			7. Name as	nd Address of New Regi	stered Ag	gent]
ARZA, RAMON				. Name - · .	e wale	·	* *	~.		
1563	a, ramon 80 SW 58TH STREET Al FL 33193		Street Addres		(P.O. Box Num	ber is Not Acceptable)				
1712 -) 	City				Zip Cod	te .]
					<u>-</u>		FL	<u></u>		_
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registere	d office or registe	red agent, or b	ooth, in the State of Florida	a. I am fa	miliar with,	, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.				Agent signature required	d when reinstating)		DATE			
•		FILE NO	W!!! F	EE IS \$50.00						
Make Check Paya					ent of State					
		Due	By Ma	ıy 1, 2003						
9.	MANAGING MEMBER	RS/MANAGERS	10.		٠.	ADDITIONS/CH	IANGES]_
TITLE			TITLE				I	Change	☐ Addition	CR2E083 (10/02)
NAME STREET ADDRESS	HERRERA, YURI SAENZ		NAME	ET ADDRESS						\ E
CITY-ST-ZIP	0.0 17 00 0111221		1	ST-ZIP						18
TITLE	MACHITESOUT		TITLE					Change	☐ Addition	뷥
NAME	HERNANDEZ, YURIET MORFFI							Cilaliye	☐ Yedilibii	2
STREET ADDRESS	875 W 69 STREET		1	ET ADDRESS						1
CITY-ST-ZIP	HIALEAH FL 33014		CITY-	ST-ZiP				_		
TITLE		☐ Delete	TITLE					Change	Addition]
NAME		್ಟ್ ಭಿವರಣ ಅಲ್ಲಾಕ್ಟ		- 1	i generali i e	بديد <u>د مست</u> علق المداد المريكي مايدون.			- 4	
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TITLE		. Delete	TITLE					Change	Addition	1
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CITY-ST-ZIP				ST-ZIP						{
TITLE		☐ Delete	TITLE			- 		Change	☐ Addition	1
NAME			NAME					-		
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				ST-ZIP						-
Interest of the second of the second	ertify that the information supplied with	this filing does not qualify for:	the exer	nntion stated in Se	ection 119.07(3	Stit Florida Statutes I fur	ther certif	v that the i	intormation	1

Indecedy certify that the information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Further certify that the momentum 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 receipter products the empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE and THEN OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE