

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90596 005 ****50.00

DOCUMENT # L01000011907

1. Entity Name

PRAXIS INVESTMENTS LLC

Principal Place of Business

490 OPA LOCKA BLVD.
 OPA LOCKA FL 33054

Mailing Address

490 OPA LOCKA BLVD.
 OPA LOCKA FL 33054

2. Principal Place of Business

490 OPA-LOCKA BLVD.

Suite, Apt. #, etc.

SUITE 11

3. Mailing Address

490 OPA-LOCKA BLVD.

Suite, Apt. #, etc.

SUITE 11

City & State

OPA-LOCKA, FL

City & State

OPA-LOCKA, FL

Zip

33054

Country

U.S.A.

Zip

33054

Country

U.S.A.

4. FEI Number

65-1156727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

CAGLE, PETER B

6701 SUNSET DR., STE. 112
 SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

SINISTERRA, Tomas B.

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

490 Opa-locka Blvd., Suite 11

City

OPA-LOCKA

FL

Zip Code

33054

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

Tomas B. Sinisterra

Tomas B. Sinisterra

4-24-02

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
 PRESIDENT
 Tomas B. Sinisterra
 490 Opa-locka Blvd Suite 11
 OPA-LOCKA, FL 33054

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
 VICE-PRESIDENT
 Hector Brito
 490 Opa-locka Blvd., Suite 11
 OPA-LOCKA, FL 33054

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

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

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

TITLE
 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:

Tomas B. Sinisterra Tomas B. Sinisterra 4-24-02 (305) 607-5672

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

Date

Daytime Phone #

CR2E083 (9/01)