

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90257 021 ****55.00

DOCUMENT # L01000012681

1. Entity Name

LIBERTY INVESTMENTS, LLC

Principal Place of Business

**2103 CORAL WAY, SUITE 201
 MIAMI FL 33145**

Mailing Address

**2103 CORAL WAY, SUITE 201
 MIAMI FL 33145**

960582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2222 Ponce de Leon Blvd

3. Mailing Address

2222 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33134

Country

Dade

Zip

33134

Country

Dade

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

Name

Rene Dago, Jr.

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

2222 Ponce de Leon Blvd

City

Coral Gables

FL

Zip Code
33134

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

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MEM
Realty Equity Investment Transaction
Inc.
2222 Ponce de Leon Blvd, Ste 302
Coral Gables, FL 33134

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ 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

4/30/02
 Date

305-443-8900

Daytime Phone # **305-443-8900**

CR2E083 (9/01)