2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013167

1. Entity Name

ONE CHOICE INVESTMENTS, L.L.C.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90609 034 ****50.00

			O TO INC.	9	
Principal Plac	ce of Business	Mailing Address		7	
3020 ELIZABETH STREET MIAMI FL 33133		3020 ELIZABETH STREET MIAMI FL 33133		. المادي د مادين و معالي المنظم المنظ	
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 03-0400117 Applied F	
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
JON	ES, FREDERICK		Name		
3020) ELIZABETH STREET MI FL 33133		Street Addres	ss (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above	named entity submits this statement	for the purpose of changing i	its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and ac-	cent
	tions of registered agent.	To the purpose of changing i	ns registered office of regis	siered agent, or both, in the state of Florida. Tan familiar with, and ac-	сері
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	DTE: Registered Agent signature requi	uired when reinstating) DATE	-
		FILE	NOW !!! FEE IS \$50.0	10 to the same of	
		Make Check Paya	ble to Florida Departm	nent of State	1
	•	D	ue By May 1, 2003		
9.		BERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME	MGR	☐ Delete	TITLE	☐ Change ☐ Ad	ldition
STREET ADDRESS	JONES, FREDERICK 3020 ELIZABETH STREET		NAME STREET ADDRESS		
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11. I hereby c	ertify that the information supplied wi	ith this filing does not qualify for	or the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information	on

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

04/02/03 35945603

Daytime Phone #