

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90167 009 ****50.00

DOCUMENT # L01000014792

1. Entity Name
SAMPLE INVESTMENTS, L.L.C.

Principal Place of Business

**1428 BRICKELL AVE
 PENTHOUSE
 MIAMI FL 33131**

Mailing Address

**1428 BRICKELL AVE
 PENTHOUSE
 MIAMI FL 33131**

B0049592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

505 W. 47th STREET

3. Mailing Address

P.O. Box 2277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FLORIDA

City & State

Miami Beach, FLORIDA

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

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

**MANASTER, JOSHUA D ESQ
 1428 BRICKELL AVE
 EIGHTH FLOOR
 MIAMI FL 33131**

Name

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

City

FL

Zip Code

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)

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 **MGR** **MGRM (PRESIDENT)** ☐ Delete
 NAME **MARK ELLIOT POMPER**
 STREET ADDRESS **505 W. 47th STREET**
 CITY-ST-ZIP **Miami Beach, FLORIDA 33140**

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

TITLE **MGR** **MGRM (Director)** ☐ Delete
 NAME **SUZAN D. POMPER**
 STREET ADDRESS **505 W. 47th ST.**
 CITY-ST-ZIP **Miami Beach, FL. 33140**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **Mark Elliot Pomper**

MARK ELLIOT POMPER

2/7/02

305-534-2122

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

Date

Daytime Phone #

CR2E083 (9/01)