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FILED
Jul 22, 2002 8:00 am
Secretary of State

05-07-2002 90348 001 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014873

1. Entity Name
Dan & Meir Investments, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

39165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3409 NE 169th St	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach, FL	City & State
Zip: 33160 Country: USA	Zip Country

4. FEI Number 65-1134742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Ira Shapiro
Street Address (P.O. Box Number is Not Acceptable): 16375 NE 8th Ave #225
City: N Miami Beach FL Zip Code 33162

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. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	Meir Ben Nissal
STREET ADDRESS	3409 NE 169th Street
CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E038 (12/01)

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: X [signature] Manager 4/19/02 305 538-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #

FROM : LISA E SHARRON CPA PA FAX NO. : 9544788021 Jul. 15 2002 10:07AM P2