

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90091 008 ****50.00

DOCUMENT # L01000016037

1. Entity Name

BX INVESTMENTS L.C.

Principal Place of Business

**338 MINORCA AVENUE
CORAL GABLES FL 33134**

Mailing Address

**338 MINORCA AVENUE
CORAL GABLES FL 33134**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

**CABEZA, MANUEL E
338 MINORCA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
International Registered Agents Corporation

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

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 *M. Cabeza* **Maria Elena Cabeza, President** **April 2, 2002**

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 **MGR** ☐ Delete
NAME **CABEZA, MANUEL E**
STREET ADDRESS **338 MINORCA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 *Manuel E. Cabeza* **Manuel E. Cabeza, Manager** **4/2/02** **(305) 444-7282**

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083 (9/01)