🚁 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

L01000021011

1. Entity Name

USPS INVESTMENTS, L.L.C.

FILED May 06, 2002 8:00 am Secretary of State

05-06-2002 90193 002 ****55.00

955000

DO NOT WRITE IN THIS SPACE

3. Mailing Address 2. Principal Place of Business 10165 NW 19 STREET 10165 NW 19 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State MIAMI MIAMI

DO NOT WRITE IN THIS SPACE

65-1159091

Applied For Not Applicable

<u>331</u>72

Zip 33172189

Country

33172

Country

5. Certificate of Status Desired

\$5.00 Additional

Fee Required 7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name	EDWARD W. EASTON		•
Street	Address (P.O. Box Number is Not Acceptable)		
	10165 NW 19 STREET		
City	EI	Zip Code	

	·				
The above named	entity submits this statement	for the purpose of changi	ng its registered office o	r registered agent,	or both, in the State of Florida.

SIGNATURE

EDWARD W. EASTON

MIAMI

04/02/2002

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

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME	MGRM EDWARD W. EASTON	TITLE NAME	120		
STREET ADDRESS CITY-ST-ZIP	10165 NW 19 STREET MIAMI, FLORIDA 33172	STREET ADDRESS CITY-ST-ZIP	CR2E083B (12/01)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Z. C.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby	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:

EDWARD W. EASTON NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305-593-2222