21

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-19-2002 90062 035 ****50.00

DOCUMENT # L0100021620

DOCUME 1. Entity Name NORA INVE	NT# L0100002 ESTMENTS, LLC	1620			2002 90062 03				
·	NOT WRITE		AC	E			. 181 1	16	
2. Principal Place o		3. Mailing Address 2899 WFS	- 3	L AVE.				ŝ.	
Suite, Apt. #, etc.	•	Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS SPACE	•	
City & State HIALEAH, Zip	FL Country	City & State HIALEAH Zip	FL Cour	ntru.	4. FEI	Number 30 - 00383		Applied For Not Applicable	
33010	USA	33010		ŽΑ	5. Certificate of Status Desired		equired		
		ā		Name		and Address of Currer		t	
	DO NOT W	RITE	ئىد نەھ		MILO VENTURA JR. It Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE			الموطنة و	2899	WES	7 2 AV			
The above named entity submits this statement for the purpose of changing its rep				City HIAL		or both, in the State of F	FL Zip	330/O	
SIGNATURE	n. 129.	LO VENTURA		JR 1		_	3/12/0	2	
		Make Check Pay	able t	\$50.00 o Department (of State				
9.	MANAGING MEMBEI		F						
HONORINDA VENTURA - MANABING NAME 2899 WEST 2 AVE - MEMBER STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010			•	1				CR2E083B (12/01	
	ILO VENTURA D		TITLE	4		· AL		RZEG	
CTDCCT ADDDCCC	2899 WEST 2 HIALEAH, FL 37.	-		E ET ADORESS -ST-ZIP				Ö	
TITLE NAME			TITLE	- 1					
STREET ADDRESS.	معرضية بالمحادث والمعادة والمع		- STREE	ET ADDRESS ST-ZIP	<u> </u>	DO NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						IN THIS	SPACE		
TITLE NAME			TITLE			· · · · · · · · · · · · · · · · · · ·	~ <u></u>	• •	
CITY-ST-ZIP				T ADDRESS ST-ZIP			•		
TITLE NAME STREET ADDRESS			NAME STREE	T ADDRESS	· · · · · · · · · · · · · · · · · · ·			•	
indicated on this	nat the information supplied with treport is true and accurate and transpany or the receiver or trustee	nat my signature shali have the	e exen	legal effect as it n	nade under	oath: that I am a manac	I further certify that I ging member or mar	the information nager of the	

	. 29.1	vve j		
SIGNATURE:	rue y	NILO VENTURA	JR 2/13/02	305-884-5858
	PED OR PRINTED NAME OF BIGNING	MANAGING MEMBER, MANAGER, OR AUTHORIZED	REPRESENTATIVE Date	Deytime Phone #