

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 023 ****50.00

0015234

DOCUMENT # L02000000289

1. Entity Name
JOSLEY 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

2588 S.W. 27th Ave

Suite, Apt. #, etc.

3. Mailing Address

2588 SW 27th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

U.S.

Zip

33133

Country

U.S.

4. FEI Number

02-0538920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**INTERNATIONAL REGISTERED AGENTS CORPORATION
338 MINORCA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **ANTONIO GARCIA**

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

2588 S.W. 27th Ave

City

Miami

FL

Zip Code

33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **PARDON, JOSE**
STREET ADDRESS **338 MINORCA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

☐ Delete

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10. ADDITIONS/CHANGES

TITLE **MGR**
NAME **PARDON, Jose**
STREET ADDRESS **CRA 75 # 49A56**
CITY-ST-ZIP **BOGOTA - COLOMBIA**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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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:

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

Date

Daytime Phone #

03-12-03

CR2E083 (10/02)