2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
9/15/2003-90097-037-$50.00-$50.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 PM 5:35

DOCUMENT # L02000010448

1. Entity Name

CEAS INVESTMENTS, LLC

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
520 BRICKELL KEY DR., STE. O-305 MIAMI FL 33131	520 BRICKELL KEY DR., STE. O-305 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
3850 NW 37 Ave.	3850 NW 37 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL.	City & State: Miami FL.
Zip: 33142 Country: U.S.A.	Zip: 33142 Country: USA.

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	7. Name and Address of New Registered Agent
TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DR., STE. O-305 MIAMI FL 33131	Name: Elizabeth Sosa Street Address (P.O. Box Number is Not Acceptable): 3850 NW 37 Ave. City: Miami **FL** Zip Code: 33127

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 _____ 9-6-03
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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE: Principal MGR ☐ Delete NAME: Antonio S. Sosa STREET ADDRESS: 540 W. 77 St. CITY-ST-ZIP: Hialeah FL 33014	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Principal MGR ☐ Delete NAME: Orzuen Sosa STREET ADDRESS: 540 W. 77 St. CITY-ST-ZIP: Hialeah FL 33014	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Principal MGR ☐ Delete NAME: Elizabeth Sosa STREET ADDRESS: 540 W. 77 St. CITY-ST-ZIP: Hialeah FL 33014	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS: REINSTATEMENT 03 CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E083 (4/03)

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 REQUIRED 9-6-03 305-634-2351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #