2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03 DEC -8 PM 5:35

DOCUMENT # L02000010448

1. Entity Name
CEAS INVESTMENTS, LLC

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 U.S.A.

☐ CHECK HERE IF MAKING CHANGES

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 Osmen Sosa STREET ADDRESS 540 W. 77 st. CITY-ST-ZIP Hialeah Fl. 33014	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE Principal ☐ Delete NAME Elizabeth Sosa MGR 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 CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

REINSTATEMENT 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 #

CR2E083 (4/03)