

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90010 030 \*\*\*\*50.00

**DOCUMENT # L02000010582**

1. Entity Name  
**DUQUE INVESTMENTS, LLC**



Principal Place of Business

Mailing Address

~~6805 S.W. 88TH STREET~~  
~~SUITE 2~~  
~~MIAMI FL 33156~~

~~6805 S.W. 88TH STREET~~  
~~SUITE 2~~  
~~MIAMI FL 33156~~

2. Principal Place of Business

3. Mailing Address

**11347 S.W. 69 Terr**  
Suite, Apt. #, etc.

**11347 S.W. 69 Terr**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**01-0679859**

Applied For  
☐ Not Applicable

Zip  
**33173** Country  
**USA**

Zip  
**33173** Country  
**USA**

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

**DUQUE, RAFAEL**  
**6805 S.W. 88TH STREET**  
**SUITE 2**  
**MIAMI FL 33156**

Name  
**DUQUE, RAFAEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**11347 S.W. 69 Terr**  
City  
**Miami** FL Zip Code  
**33173**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DUQUE, RAFAEL</b> <del><b>6805 S.W. 88TH STREET, SUITE 2</b></del> <del><b>MIAMI FL 33156</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DUQUE, LUZ M</b> <del><b>6805 S.W. 88TH STREET, SUITE 2</b></del> <del><b>MIAMI FL 33156</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11347 S.W. 69 Terr</b> <b>Miami, FL 33173</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11347 S.W. 69 Terr</b> <b>Miami, FL 33173</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

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

Date

Daytime Phone #

**(305) 598-1587**

CR2E083 (10/02)