

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90687 008 \*\*\*\*50.00

0057496

**DOCUMENT # L02000011819**

1. Entity Name

**CBV INVESTMENTS, LLC**



Principal Place of Business

**11343 SEAGRASS CIR.  
BOCA RATON FL 33498**

Mailing Address

**11343 SEAGRASS CIR.  
BOCA RATON FL 33498**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**04-3676605**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICES OF STUART R. MORRIS, P.A.  
7000 W. PALMETTO PARK RD., #310  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

TITLE ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**BOCA RATON**

TITLE ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ Delete

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**PTR CARLOS COHEN**  
**11343 SEAGRASS DR,**  
**BOCA RATON, FL 33498**

TITLE ☐ Change ☒ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**PTR VERONICA COHEN**  
**11343 SEAGRASS DR**  
**BOCA RATON, FL 33498**

TITLE ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

TITLE ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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

**4/30/03**

Date

Daytime Phone #

CR2E083 (10/02)