

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90031 004 ****50.00

0019252

DOCUMENT # L02000013437

1. Entity Name

PAAIR INVESTMENTS LLC



Principal Place of Business

**5775 S.W.35TH ST
MIAMI FL 33155**

Mailing Address

**5775 S.W. 35TH ST
MIAMI FL 33155**

20035697



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4514627

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

**PAGE, BARBARA F
5775 S.W.35TH ST
MIAMI FL 33155**

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 **MANAGER MGR** ☐ Delete
NAME **BARBARA F. PAGE**
STREET ADDRESS **5775 SW 35 STREET**
CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE **MANAGER MGR** ☐ Delete
NAME **RONALD PACE**
STREET ADDRESS **5775 SW 35 STREET**
CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE **MANAGER MGR** ☐ Delete
NAME **LALITA AIRAN**
STREET ADDRESS **1929 ALEGRIANO AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL. 33146**

TITLE **MANAGER MGR** ☐ Delete
NAME **ERIK PACE**
STREET ADDRESS **1410 URBINO AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **MANAGER MGR** ☐ Delete
NAME **RASHMI AIRAN PACE**
STREET ADDRESS **1410 URBINO AVENUE**
CITY-ST-ZIP **CORAL GABLES, FL. 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Ronald Pace RONALD PACE

4-25-03

(305) 667-0839

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

Date

Daytime Phone #

CR2E083 (10/02)