

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90610 048 ****50.00

DOCUMENT # L02000017211

1. Entity Name

RVR INVESTMENTS, L.L.C.



Principal Place of Business

**1902 HARBOR POINT CIRCLE
WESTON FL 33327**

Mailing Address

**1902 HARBOR POINT CIRCLE
WESTON FL 33327**

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

41-2057041

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

**ROZENCWAIG, LESLIE ALAN P.A.
ONE S.E. THIRD AVENUE, SUITE 960
MIAMI FL 33131**

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 MGRM
NAME RABAYO MARTINEZ, JULIO CESAR
STREET ADDRESS 1902 HARBOR POINT CIRCLE
CITY-ST-ZIP WESTON FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE M Patricia Rubio
NAME 1902 Harbor Point Circle
STREET ADDRESS Weston, FL 33327 ☐ Change ☒ Addition

TITLE M Monica Rubio
NAME 1801 Victoria Pointe Circle
STREET ADDRESS Weston, FL 33327 ☐ Change ☒ Addition

TITLE M Manuel Villalobos
NAME 1801 Victoria Pointe Circle
STREET ADDRESS Weston, FL 33327 ☐ Change ☒ Addition

TITLE M Claudia Solome
NAME 1801 Victoria Pointe Circle
STREET ADDRESS Weston, FL 33327 ☐ Change ☒ Addition

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

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

04/03/03

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

Date

Daytime Phone #

CR2E083 (10/02)