

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000023266

FILED  
Apr 03, 2003  
Secretary of State

Entity Name: AMISTAD INVESTMENTS, LLC

## Current Principal Place of Business:

3293 E. OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33308

## New Principal Place of Business:

## Current Mailing Address:

3293 E. OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33308

## New Mailing Address:

FEI Number: 68-0520386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 US

## Name and Address of New Registered Agent:

ATTIAS, SHIRLEY MGRM  
3293 E OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33308 US

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.

SIGNATURE: SHIRLEY ATTIAS

04/03/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ATTIAS, SHIRLEY  
Address: 3293 E. OAKLAND PARK BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM ( ) Delete  
Name: BERGHEIM, DIANE  
Address: 3293 E. OAKLAND PARK BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHIRLEY ATTIAS

MGRM

04/03/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date