

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/16/2003-90227-040 \$50.00 \$50.00

DOCUMENT # L02000029342

1. Entity Name

641 INVESTMENT, LLC



03 MAR -7 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1921 S.W. 33RD AVENUE
MIAMI FL 33145

1921 S.W. 33RD AVENUE
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

P.O. Box 34-7453

P.O. Box 34-7453

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Coral Gables, FL

Coral Gables, FL

4. FEI Number

48-1284162

Applied For

Not Applicable

Zip

Country

Zip

Country

33234

Miami-Dade

33234

Miami-Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, SANTA
1921 S.W. 33RD AVENUE
MIAMI FL 33145

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 rechartering)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Manager Roman Perez 1921 SW 33 Avenue Miami, FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		manager Rudy Perez 1921 SW 33 Avenue Miami, FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Santa Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/13/03 305 442-7992

CR20083 (10/02)