

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

FILED
May 16, 2003 8:00 am
Secretary of State

04-23-2003 90307 018 ****50.00

DOCUMENT # L02000032739

1. Entity Name

MUSTANG INVESTMENTS, LLC



DO NOT WRITE IN THIS SPACE

44001793

2. Principal Place of Business

326 E. HALLANDALE BEACH BLVD.

3. Mailing Address

326 E. HALLANDALE BH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE BEACH, FL.

City & State

HALLANDALE BEACH, FL.

4. FEL Number

56 2305789

Applied For

Not Applicable

Zip

33009

Country

Zip

33009

Country

5. Certificate of Status Desired ☐

\$5.00-Additional
Fee Required

7. Name and Address of Current Registered Agent

Name AARON CHURBA

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

660 OLEANDER DR.

City HALLANDALE, FL.

FL

Zip Code

33009

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.

AARON CHURBA

DATE

5/13/03 2:14:03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE DIRECTOR
NAME AARON CHURBA
STREET ADDRESS 660 OLEANDER DR.
CITY-ST-ZIP HALLANDALE, FL. 33009

TITLE DIRECTOR
NAME MIKE DAIAGI
STREET ADDRESS 612 OLEANDER DRIVE
CITY-ST-ZIP HALLANDALE, FL. 33009

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

DIRECTOR

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

Date

Daytime Phone #

4/14/03

CR2E0838 (12/02)