

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013066

DOCUMENT # L02000034112

1. Entity Name
I&V INVESTMENTS, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11/26 03 NOV 18 AM 11:28

Principal Place of Business

Mailing Address

C/O IGOR GENERALOV
176 BAL BAY DRIVE
BAL HARBOUR FL 33154

C/O IGOR GENERALOV
176 BAL BAY DRIVE
BAL HARBOUR FL 33154

2. Principal Place of Business

3. Mailing Address

176 Bal Bay Dr

176 Bal Bay Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bal Harbor FL

Bal Harbor FL

Zip 33154

Country

Zip 33154

Country

9/30 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1203376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLENNIUM PROFESSIONAL SERVICES, P.A.
1111 KANE CONCOURSE, STE. 607
BAY HARBOR ISLANDS FL 33154

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Igor Generalov, MGR. 176 Bal Bay Dr Bal Harbor, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: **SIGNATURE REQUIRED**

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

9/24/03 (786) 2088044

Date

Daytime Phone #

CR2E083 (4/03)