

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 10 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L940000000015

1. Entity Name

J. L. INVESTMENTS OF CENTRAL  
FLORIDA L.C.

Principal Place of Business

Mailing Address

2855 Cypressview Ct.  
Kissimmee, FL 34746

2855 Cypressview Ct  
Kissimmee, FL 34746

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

65-0465160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name MARINA A. AMIEVA

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

2855 Cypressview Ct.

City KISSIMMEE

FL

Zip Code 34746

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.

SIGNATURE MARINA A. AMIEVA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05/08/00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME HGRM  
STREET ADDRESS MARINA A. AMIEVA  
CITY-ST-ZIP 2855 Cypressview Ct  
Kissimmee, FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000003279160--0  
-06/07/00--01005--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME ESTATE OF JOSE LUIS AMIEVA  
STREET ADDRESS 2855 Cypressview Ct  
CITY-ST-ZIP Kissimmee, FL 34746

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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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:

MARINA A. AMIEVA

MARINA A. AMIEVA

05/08/00

407-847-7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)