

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L97000000511

1. Entity Name
C.R.A. INVESTMENT GROUP, L.C.

FILED
01 MAR -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3038 NORTHWEST 82ND AVE
MIAMI FL 33122

Mailing Address
3038 NORTHWEST 82ND AVE
MIAMI FL 33122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8805 NW 35th Lane
Suite, Apt. #, etc.

3. Mailing Address
same at left
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number 65-0752082

Applied For
 Not Applicable

Zip 33172 **Country** USA

Zip **Country**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

ABREU, CID
3038 NW 82ND AVENUE
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8805 NW 35th Lane
City MIAMI FL Zip Code 33172

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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-03/08/01--01037--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MEM	ABREU, CID	3038 NORTHWEST 82ND AVE	MIAMI FL 33122	<input type="checkbox"/>
MEM	ABREU, MARINA G	3038 NORTHWEST 82ND AVE	MIAMI FL 33122	<input type="checkbox"/>
MEM	ABREU, RAMIRO A	3038 NORTHWEST 82ND AVE	MIAMI FL 33122	<input type="checkbox"/>
MEM	ABREU, MARINA	3038 NORTHWEST 82ND AVE	MIAMI FL 33122	<input type="checkbox"/>
MEM	ABREU, TATIANA	3038 NORTHWEST 82ND AVE	MIAMI FL 33122	<input type="checkbox"/>
MEM	GARCIA, FERNANDO H	CALLE GINEBRA, QTA GRACIELA #37-40	CALIFORNIA SUR, CARACAS 1070 VENEZUELA	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		8805 NW 35th Lane	Miami, FL 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		8805 NW 35th Lane	Miami, FL 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		8805 NW 35th Lane	Miami, FL 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		8805 NW 35th Lane	Miami, FL 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		8805 NW 35th Lane	Miami, FL 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		8805 NW 35th Lane	Miami, FL 33172	<input type="checkbox"/>	<input type="checkbox"/>

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: ABREU, CID **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

2-26-01 **Date**

305-591-1622 **Daytime Phone #**

CR2E083 (11/00)