

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001419

1. Entity Name

PHA INVESTMENTS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -1 AM 10:02

Principal Place of Business

11274 W. HILLSBOROUGH AVE
TAMPA FL 33635

Mailing Address

PO BOX 25437
TAMPA FL 33623

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3483090

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SALAS, RICARDO A

11274 W. HILLSBOROUGH AVE.

TAMPA FL 33635

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.

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 Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
KANG, JOHN
STREET ADDRESS 11274 W. HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33635 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME MGR
SALAS, RICARDO
STREET ADDRESS 11274 W. HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003390241--1
-09/12/00--01071--011
*****50.00 *****50.00

TITLE NAME MGR
FERELLI, RICHARD
STREET ADDRESS 11274 W. HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33635 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
FERELLI, RICHARD

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE 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:

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

Date

Daytime Phone #

CR2E083 (5/00)