

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L97000001419**

1. Entity Name

**PHA INVESTMENTS, L.C.****FILED**  
**Jul 21, 2002 8:00 am**  
**Secretary of State**

07-21-2002 90014 017 \*\*\*\*50.00

Principal Place of Business

**11274 W. HILLSBOROUGH AVE  
TAMPA FL 33635**

Mailing Address

**PO BOX 25437  
TAMPA FL 33623**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-3483090**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SALAS, RICARDO A  
11274 W. HILLSBOROUGH AVE.  
TAMPA FL 33635**

7. Name and Address of New Registered Agent

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>SALAS, RICARDO</b>	
STREET ADDRESS	<b>11274 W. HILLSBOROUGH AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>FERRELLI, RICHARD</b>	
STREET ADDRESS	<b>11274 W. HILLSBOROUGH AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

*\$50.00  
JMC*



*Attachment  
970737*

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 24, 2002

PHA INVESTMENTS, L.C.  
PO BOX 25437  
TAMPA, FL 33623

SUBJECT: PHA INVESTMENTS, L.C.  
Ref. Number: L97000001419

We have received your document for PHA INVESTMENTS, L.C. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

The document must be signed by a member or manager of the limited liability company.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 102A00040460