

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002118

1. Entity Name

BLIVAS/KRALY INVESTMENTS L.C.

FILED

02 MAR 15 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

18620 SW 134TH AVE.
MIAMI FL 33177

Mailing Address

148 S. Westgate Ave.
Los Angeles, CA
90049

2. Principal Place of Business

3. Mailing Address

148 S. Westgate Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Los Angeles, CA

4. FEI Number

65-0869358

Applied For
Not Applicable

Zip

Country

90049

Country

USA

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

KRALY, ROBERT A
13160 N.W. 43 AVE.
OPA LOCKA FL 33054

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

Robert Kraly

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

(NOTE: Registered Agent signature required when reinstating)

10/1/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|------------------------------------------------|------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BLIVAS, LARRY 148 S. WESTGATE AVENUE LOS ANGELES CA 90049 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KRALY, ROBERT 13160 NW 43 AVE. OPA LOCKA FL 33054 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BLIVAS, JULIE 148 S. WESTGATE AVE. LOS ANGELES CA 90049 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KRALY, JOHANNA 13160 NW 43 AVE. OPA LOCKA FL 33054 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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REINSTATEMENT

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:

Robert Kraly

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

Date

Daytime Phone #

310-476-6767

CR2E083 (5/01)