

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000259

1. Entity Name

SASKIA INVESTMENTS LLC

Principal Place of Business

2000 SOUTH BAYSHORE DRIVE, #10
COCONUT GROVE FL 33133

Mailing Address

2000 SOUTH BAYSHORE DRIVE, #10
COCONUT GROVE FL 33133-3250

FILED
00 MAR 13 PM 4:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANT, BARRY M CPA
BERKOWITZ DICK POLLACK & BRANT LLP
ONE SOUTHEAST 3RD AVENUE, #1500
MIAMI FL 33131

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
DANGUILLECOURT, CRISTINA
2000 SOUTH BAYSHORE DRIVE, #10
COCONUT GROVE FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BACARIZA, JAVIER
2000 SOUTH BAYSHORE DRIVE, #10
COCONUT GROVE FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500003182665--9
-03/24/00--01043--001
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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CITY- ST- ZIP
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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

11/10/00

305 379-7000

Date

Daytime Phone #

CP2E083 (9/99)