

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 30 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001182

1. Entity Name

MOJITO INVESTMENT GROUP, L.L.C.

Principal Place of Business

C/O ALFREDO J. BALSERA

2601 SOUTH BAYSHORE DRIVE, SUITE 600
MIAMI FL 33133

Mailing Address

C/O ALFREDO J. BALSERA

2601 SOUTH BAYSHORE DRIVE, SUITE 600
MIAMI FL 33133-5419

2. Principal Place of Business

C/O ARTHUR J. FURIA, ESQ.

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O ARTHUR J. FURIA, ESQ.

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0904028

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALSERA, ALFREDO J

2601 SOUTH BAYSHORE DRIVE, SUITE 600
MIAMI FL 33133

7. Name and Address of New Registered Agent

HKE & F REGISTERED AGENT CORP.

2601 S. BAYSHORE DR., STE 600

MIAMI

FL

33133

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

Arthur J. Furia, Vice Pres.

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

(NOTE: Registered Agent signature required when reinstating)

4-28-00

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME BALSERA, ALFREDO J
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE, SUITE 600
CITY- ST- ZIP MIAMI FL 33133

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME DIAZ DE VILLEGAS, RENE
STREET ADDRESS 2601 S. BAYSHORE DR., STE 600
CITY- ST- ZIP MIAMI, FL 33133

TITLE MGR
NAME GUTIERREZ, III, RAUL
STREET ADDRESS 2601 S. BAYSHORE DR., STE 600
CITY- ST- ZIP MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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:

Arthur J. Furia, Vice Pres.

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

4/27/00 (305) 592-9399

Date

Daytime Phone #

CR2E083 (9/99)