

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90231 003 ****50.00

DOCUMENT # L99000003604

1. Entity Name

FIOR'S REALTY INVESTMENT, L.C.



Principal Place of Business

Mailing Address

**9100 N.W. 36TH STREET, SUITE 108
MIAMI FL 33178**

**9100 N.W. 36TH STREET, SUITE 108
MIAMI FL 33178**

60009348



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0932629**

Applied For

Not Applicable

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

**CHENKIN, DAVID A
8551 WEST SUNRISE BLVD., SUITE 208
PLANTATION FL 33322**

Name

JOHNNY FIOR

Street Address (P.O. Box Number is Not Acceptable)

13109 SW 21 STREET

City

MIAMI

FL

Zip Code

33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

JOHNNY FIOR

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **FIOR, DANILO**
STREET ADDRESS **9100 NW 36TH STREET, SUITE 108**
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE **MGR** ☐ Delete
NAME **FIOR, AGNESE**
STREET ADDRESS **9100 NW 36TH STREET, SUITE 108**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

DANILO FIOR
MANAGING MEMBER

1/14/03 305-477-4383

Date

Daytime Phone #

CR2E083 (10/02)