


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99-3071
1. Entity Name
SUNSTART ALLIANCE INVESTMENTS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL -3 PM 1:29


Principal Place of Business Mailing Address
1907 NE 154 STREET (SAME)
NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business 3. Mailing Address
1907 NE 154 STREET 1907 NE 154 STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI BEACH, FL N. MIAMI BEACH, FL
Zip Country Zip Country
33162 USA 33162 USA

DO NOT WRITE IN THIS SPACE
4. FEI Number Applied For
65-0936183 ☐ Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required
☐

6. Name and Address of Current Registered Agent
LEON SCHIGIEL
1907 NE 154 STREET
N. MIAMI BEACH, FL 33162

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
SCHIGIEL ENTERPRISES LC ☐ Delete
1907 NE 154 STREET MC RM
N. MIAMI BEACH, FL 33162

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
700003317117--7
-07/10/00--01011--004
*****50.00 *****50.00

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

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

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

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

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: Leo Schigiel Date: 6/25/00 Daytime Phone #: 305-940-7009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (11/99)