

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003671

1. Entity Name

SUNSTART ALLIANCE INVESTMENTS, L.C.

FILED

01 MAY -7 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1907 N.E. 154TH STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

1907 N.E. 154TH STREET
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3200 NW 77 Ct

Suite, Apt. #, etc.

3. Mailing Address

3200 NW 77 Ct

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33122 USA

Zip

Country

33122 USA

4. FEI Number

65-0936183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHIGIEL, LEON

1907 N.E. 154TH STREET

NORTH 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.

Leon Schigiel

(NOTE: Registered Agent signature required when reinstating)

4-18-01

DATE

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

200004336752--1
-05/31/01--01090--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM SCHIGIEL ENTERPRISES LTD. 1907 N.E. 154TH STREET NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
3200 NW 77 Ct Miami, FL 33122

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

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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:

SIGNATURE REQUIRED Leon Schigiel

4-18-01

305-468-1515

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

Date

Daytime Phone #

CR2E083 (11/00)