

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0005634

DOCUMENT # **L99000003671**

1. Entity Name

**SUNSTART ALLIANCE INVESTMENTS, L.C.**

04-02-2002 90943 031 \*\*\*\*\*50.00

Principal Place of Business

**3200 NW 77 CT.  
 MIAMI FL 33122**

Mailing Address

**3200 NW 77 CT.  
 MIAMI FL 33122**

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

**65-0936183**

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

**SCHIGIEL, LEON  
 1907 N.E. 154TH STREET  
 NORTH MIAMI BEACH FL 33162**

Name **Schigiel, Leon**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3200 NW 77 CT**  
**MIAMI**  
 City **FL** Zip Code **33122**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **SCHIGIEL ENTERPRISES LTD.**  
 CITY-ST-ZIP **3200 NW 77 CT.  
 MIAMI FL 33122**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

**SIGNATURE REQUIRED**  
**Leon Schigiel** 3/19/02 305 468-1515  
 Date Daytime Phone #

CR2E083 (9/01)