

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003678**

1. Entity Name

SLEGS INVESTMENTS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 17 AM 10:02

Principal Place of Business

13372 S.W. 128TH ST.
MIAMI FL 33186

Mailing Address

13372 S.W. 128TH ST.
MIAMI FL 33186

2. Principal Place of Business

7220 NW 36ST

Suite, Apt. #, etc.

621

City & State
MIAMI, FLORIDA

Zip
33166

Country
DADE.

3. Mailing Address

7220 NW 36ST

Suite, Apt. #, etc.

621

City & State
MIAMI, FLORIDA

Zip
33166

Country
DADE.

4. FEI Number

65-0929645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUEVAS, ANDREW ESQ.
C/O CUEVAS & RUBIN, P.A.
9200 S. DADELAND BLVD., SUITE 603
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name
SANTIAGO DUQUE
Street Address (P.O. Box Number is Not Acceptable)
7220 NW 36ST
STE 621
City
MIAMI **FL** Zip Code
33166

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

(NOTE: Registered Agent signature required when reinstating)

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

-08/23/00--01092--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DUQUE, SANTIAGO
13372 S.W. 128TH ST.
MIAMI FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MEDINA, LUCIA
13372 S.W. 128TH ST.
MIAMI FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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
**MGRM
DUQUE, SANTIAGO
7220 NW 36ST #621
MIAMI, FL 33166** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MEDINA, LUCIA
7220 NW 36ST #621
MIAMI, FL 33166** ☒ 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

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

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

Date

Daytime Phone #

CR2E083 (5/00)