

2001 UNIFORM BUSINESS REPORT (UBR)

0010606 AF

DOCUMENT # L99000003678

1. Entity Name
SLEGS INVESTMENTS, L.L.C.

FILED

01 MAR 30 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7220 N.W. 36TH ST., #621
MIAMI FL 33166

Mailing Address
7220 N.W. 36TH ST., #621
MIAMI FL 33166

2. Principal Place of Business
9102 NW 40 ST

3. Mailing Address
9102 NW 40 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL.

City & State
CORAL SPRINGS, FL

4. FEI Number 65-0929645

Applied For
Not Applicable

Zip 33065 Country BROWARD.

Zip 33065 Country BROWARD.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO DUQUE
7220 N.W. 36TH ST., #621
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name SANTIAGO DUQUE

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

9102 NW 40 ST

City CORAL SPRINGS

FL

Zip Code 33065

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

800003992988--2
-04/12/01--01006--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM DUQUE, SANTIAGO ☐ Delete
STREET ADDRESS 7220 N.W. 36TH ST., #621
CITY-ST-ZIP MIAMI FL 33166

TITLE NAME MGRM MEDINA, LUCIA ☐ Delete
STREET ADDRESS 7220 N.W. 36TH ST., #621
CITY-ST-ZIP MIAMI FL 33166

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM DUQUE SANTIAGO ☒ Change ☐ Addition
STREET ADDRESS 9102 NW 40 ST
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE NAME MGRM MEDINA, LUCIA ☒ Change ☐ Addition
STREET ADDRESS 9102 NW 40 ST
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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

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

TITLE NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E083 (11/00)