

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2002 8:00 am  
Secretary of State

0005279

DOCUMENT # L99000003678

1. Entity Name

SLEGS INVESTMENTS, L.L.C.

02-05-2002 90060 042 \*\*\*\*\*55.00

Principal Place of Business

9102 NW 40 ST  
CORAL SPRINGS FL 33065

Mailing Address

9102 NW 40 ST  
CORAL SPRINGS FL 33065

2. Principal Place of Business

8400 N. University Dr.

3. Mailing Address

8400 N. University Dr.

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

306

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-0929645

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

33321

Country

Broward.

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

6. Name and Address of Current Registered Agent

DUQUE, SANTIAGO  
9102 NW 40 ST  
CORAL SPRINGS FL 33065

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

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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: *SANTIAGO DUQUE*

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

01-14-02 (954) 695-5831

Date

Daytime Phone #

CR2E083 (9/01)