# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000004932

**1.** Entity Name

AXIS INVESTMENTS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 15065 N.W. SEVENTH AVENUE | 15065 N.W. SEVENTH AVENUE |
| MIAMI FL 33168 | MIAMI FL 33168-3109 |

| 2. Principal Place of Business | 3. Mailing Address | DO NOT WRITE IN THIS SPACE |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |

| Zip | Country | Zip | Country | **4.** FEI Number | ✗ 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 |
|---|---|
| HART, BRIAN A<br>C/O THOMSON MURARO RAZOOK & HART, P.A.<br>ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, type, 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**

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| **TITLE** MGRM<br>**NAME** GIANNAKOPOULOS, ELIAS<br>**STREET ADDRESS** 15065 N.W. SEVENTH AVENUE<br>**CITY-ST-ZIP** MIAMI FL 33168 | ☐ Delete | **TITLE**<br>**NAME**<br>**STREET ADDRESS**<br>**CITY-ST-ZIP** | ☐ Change ☐ Addition |
| **TITLE**<br>**NAME**<br>**STREET ADDRESS**<br>**CITY-ST-ZIP** | ☐ Delete | **TITLE**<br>**NAME**<br>**STREET ADDRESS** *3/7/00*<br>**CITY-ST-ZIP** | ☐ Change ☐ Addition |
| **TITLE**<br>**NAME**<br>**STREET ADDRESS**<br>**CITY-ST-ZIP** | ☐ Delete | **TITLE**<br>**NAME** 700003161207--3<br>**STREET ADDRESS** -03/07/00--01099--002<br>**CITY-ST-ZIP** *****50.00  *****50.00 | ☐ Change ☐ Addition |
| **TITLE**<br>**NAME**<br>**STREET ADDRESS**<br>**CITY-ST-ZIP** | ☐ Delete | **TITLE**<br>**NAME**<br>**STREET ADDRESS**<br>**CITY-ST-ZIP** | ☐ Change ☐ Addition |
| **TITLE**<br>**NAME**<br>**STREET ADDRESS**<br>**CITY-ST-ZIP** | ☐ Delete | **TITLE**<br>**NAME**<br>**STREET ADDRESS**<br>**CITY-ST-ZIP** | ☐ Change ☐ Addition |
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CR2E083 (9/99)

**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 (Elias Giannakopoulos)_  2/21/2000    305-681-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER    Date    Daytime Phone #