2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006479

1. Entity Name
FORREST INVESTMENT ENTERPRISES, LLC

Principal Place of Business	Mailing Address
1380 NE MIAMI GARDENS DR., STE 207 MIAMI FL 33179	1380 NE MIAMI GARDENS DR., STE 207 MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

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 **NOT APPLICABLE** — 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
RAFFEL, FORREST B 1380 NE MIAMI GARDENS DR., STE 207 MIAMI FL 33179	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
FORREST B. RAFFEL
(NOTE: Registered Agent signature required when reinstating)

DATE 4/19

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

700004138377--2
-05/07/01--01047--006
*****50.00   *****50.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME FOREST INVESTMENT COMPANY STREET ADDRESS 1380 N.E. MIAMI GARDENS DR., #207 CITY-ST-ZIP MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/3/01   Daytime Phone #

CR2E083 (11/0/0)

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