

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # L99000007332

1. Entity Name  
JOINT INVESTMENTS, LLC

00 MAR 29 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
763 BEAR CREEK CIRCLE  
WINTER SPRINGS FL 32708

Mailing Address  
763 BEAR CREEK CIRCLE  
WINTER SPRINGS FL 32708-3892



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3606784

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BIZCORP INTERNATIONAL INC.  
4400 PGA BLVD. SUITE 700  
PALM BEACH GARDENS FL 33410

Name FERNANDO MENENDEZ

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

763 BEAR CREEK CIRCLE

City WINTER SPRINGS FL Zip Code 32708

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

3/15/00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME CATHERINE MENENDEZ  
STREET ADDRESS PARTNER  
CITY-ST-ZIP 763 BEAR CREEK CIRCLE  
WINTER SPRINGS FL 32708

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003208192--7  
-04/13/00--01123--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME PARTNER  
STREET ADDRESS FERNANDO MENENDEZ  
CITY-ST-ZIP SAME

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 OR MANAGER

Date

Daytime Phone #

3/15/00

407 366 0266

CR2E083 (9/99)