

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000007522

1. Entity Name
KIBI INVESTMENT, L.C.

FILED

01 MAR 23 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
141 N.E. 3RD AVENUE, SUITE 404
MIAMI FL 33132

Mailing Address
141 N.E. 3RD AVENUE, SUITE 404
MIAMI FL 33132



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE.

4. FEI Number 65-0960691

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

RAMIREZ, MANUEL A
1200 BRICKELL AVENUE, SUITE 1440
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *Manuela Engelmaier*
Street Address (P.O. Box Number is Not Acceptable)
141 N.E. 3rd Ave. Ste 404
City *Miami* FL Zip Code *33132*

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ENGELMAIER, FRANCOIS ☐ Delete
STREET ADDRESS 141 N.E. 3RD AVENUE, SUITE 404
CITY-ST-ZIP MIAMI FL 33132

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

TITLE NAME MGRM ENGELMAIER, KIM ☐ Delete
STREET ADDRESS 141 N.E. 3RD AVENUE, SUITE 404
CITY-ST-ZIP MIAMI FL 33132

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
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: *Manuela Engelmaier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 03/21/01 Daytime Phone # 305 844 174

CR2E083 (11/00)