

2001 UNIFORM BUSINESS REPORT (UBR)

000047

DOCUMENT # L98000002118

1. Entity Name

BLIVAS/KRALY INVESTMENTS L.C.

FILED

02 MAR 15 PH 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

18620 SW 134TH AVE.
MIAMI FL 33177

~~13160 NW 43 AVE.~~
~~OPA LOCKA FL 33054~~

148 S. Westgate Ave.
Los Angeles, CA
90049



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

65-0869358

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

KRALY, ROBERT A
13160 N.W. 43 AVE.
OPA LOCKA FL 33054

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 *Robert Krally*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10/1/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BLIVAS, LARRY	
STREET ADDRESS	148 S. WESTGATE AVENUE	<i>Larry Blivas</i>
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KRALY, ROBERT	
STREET ADDRESS	13160 NW 43 AVE.	<i>Robert Krally</i>
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLIVAS, JULIE	
STREET ADDRESS	148 S. WESTGATE AVE.	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KRALY, JOHANNA	
STREET ADDRESS	13160 NW 43 AVE.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800005171568--0	
CITY-ST-ZIP	-03/27/02--01038--016	
	****205.00 ****205.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT *01-02-01*
dec

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: *Robert Krally* **REQUIRED** *Larry Blivas* 10/1/01 310-476-6767

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE