

2001 UNIFORM BUSINESS REPORT (UBR)

0009796 AF

DOCUMENT # L00000009380

1. Entity Name
ONEIDEA DESIGN, LLC

FILED
01 APR 16 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

key/25

Principal Place of Business
510 S. MASHTA DRIVE
KEY BISCAYNE FL 33149

Mailing Address
510 S. MASHTA DRIVE
KEY BISCAYNE FL 33149



2. Principal Place of Business
1901 Brickell Ave

3. Mailing Address
1901 Brickell Ave

Suite, Apt. #, etc.
B 2008

City & State
Miami, FL

DO NOT WRITE IN THIS SPACE

Zip
33129 FL

Country
USA

4. FEI Number
82-2258315

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIDLOSCA, RANDALL L
100 SOUTH BISCAYNE BLVD., SUITE 800
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000004078970--3
-04/25/01--01124--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIOFRIO ALVEREZ, NELSON A 510 S. MASHTA DRIVE KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALARZA ALTAMIRAN, ALEXIS F 510 S. MASHTA DRIVE KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECHAVARRIA DE LANDES, CATALINA 510 S. MASHTA DRIVE KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLALBA RIOFRIO, MARIA MARTINEZ 510 S. MASHTA DRIVE KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

CR2E083 (11/00)