## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State DOCUMENT # L01000007129 1. Entity Name 05-28-2002 90726 019 \*\*\*\*50.00 VEDADO, LLC Mailing Address Principal Place of Business 1313 EL RADO ST. 1313 EL RADO ST. CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PUEHRINGER, JOSEF Street Address (P.O. Box Number is Not Acceptable) 1313 EL RADO ST. CORAL GABLES FL 33134 Zip Code City FL 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, 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 Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Change ☐ Addition MGRM TITLE TITLE ☐ Delete NAME YORN, INC. NAME STREET ADDRESS STREET ADDRESS 2301 COLLINS AVE., UNIT A-1408 CITY-ST-ZIP CITY-ST-ZIP **MIAMIBEACH FL 33139** Change ☐ Addition ☐ Delete TITLE MGRM TITLE NAME NAME CONNEX MIAMI, INC. STREET ADDRESS STREET ADDRESS 1313 EL RADO ST. CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does per failing 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 receive for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

UCU

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR

07-05-02 305-7766660 Date Dayling Phone \*

**FILED** 



May 17, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #L01000007129 Vedado LLC

To whom it may concern:

I have just taken over management of this property that Vedado LLC owns. The person who did the accounting was dismissed from her job last week. I noticed that the UBR form for 2002 was not paid.

I am enclosing a check in the amount of \$50.00 without knowing what penalty there is. And if so, could this penalty be waived because of the circumstances.

Thank you for your attention in this regard. If you need to reach me, you can also contact me at my cellular 305-710-1311.

Sincerely,

Blanca S. Mejia

Manager for Vedado LLC