

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90019 021 \*\*\*\*50.00

**DOCUMENT # L01000016892**

1. Entity Name

**HIEROGLYPH, L.L.C.**

Principal Place of Business

**3121 COMMODORE PLAZA, STE. 3  
 MIAMI FL 33133**

Mailing Address

**3121 COMMODORE PLAZA, STE. 3  
 MIAMI FL 33133**

2. Principal Place of Business

**2801 Florida Avenue**

Suite, Apt. #, etc.

**Suite 3**

City & State

**Miami, FL**

Zip

**33133**

Country

**USA**

3. Mailing Address

**2801 Florida Avenue**

Suite, Apt. #, etc.

**Suite 3**

City & State

**Miami, FL**

Zip

**33133**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**05-1141589**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TRIBUCH, KENNETH H ESQ.  
 2100 CORAL WAY, STE. 403  
 MIAMI FL 33145**

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

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

|                                                |                                                                                    |                                 |
|------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>LEARY, DALE<br/>3121 COMMODORE PLAZA, STE. 3<br/>MIAMI FL 33133</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>OLIVA, CLAUDIA<br/>3121 COMMODORE PLAZA, STE. 3<br/>MIAMI FL 33133</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|                                                |                                                                                     |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>LEARY, DALE<br/>2801 FLORIDA AVENUE, SUITE 3<br/>MIAMI, FL 33133</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>OLIVA, CLAUDIA<br/>2801 FLORIDA AVENUE, SUITE 3<br/>MIAMI, FL 33133</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:

**CLAUDIA OLIVA, MGRM**

**2-18-02 305-4453666**

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

Date

Daytime Phone #

CR2E083 (9/01)