

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000262

1. Entity Name
ROTUNDA STRUCTURES, L.C.

Principal Place of Business
100 SOUTH BISCAYNE BLVD.
SUITE 1100, ONE BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address
100 SOUTH BISCAYNE BLVD.
SUITE 1100, ONE BISCAYNE BLVD.
MIAMI FL 33131-2011

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0506587
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLO, TIBOR
100 S. BISCAYNE BLVD.
STE. 1100, ONE BISCAYNE BLVD.
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 _____ (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

TITLE MGRM
NAME HOLLO, TIBOR
STREET ADDRESS 100 S. BISCAYNE BLVD., STE. 1100
CITY- ST- ZIP MIAMI FL 33131 ☐ Delete

TITLE MGRM
NAME HOLLO, WAYNE
STREET ADDRESS 100 S. BISCAYNE BLVD., STE. 1100
CITY- ST- ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 4/3/00 Daytime Phone #

CR2E083 (9/99)