

# 2001 UNIFORM BUSINESS REPORT (UBR)

**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**

**FILED**

**2001 APR 27 PM 1:01**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



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 **65-0506587**

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

**HOLLO, TIBOR  
100 S. BISCAYNE BLVD.  
STE. 1100, ONE BISCAYNE BLVD.  
MIAMI FL 33131**

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. (NOT Registered Agent signature required when reinstating)

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

**400004210794-4**  
**05/15/01--01141--025**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
MGRM	HOLLO, TIBOR	100 S. BISCAYNE BLVD., STE. 1100	MIAMI FL 33131	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	HOLLO, WAYNE	100 S. BISCAYNE BLVD., STE. 1100	MIAMI FL 33131	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:** Wayne Hollo **WAYNE HOLLO** **4/18/01** **305/358-7710**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)