

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002272

1. Entity Name

IDOM PROPERTIES MIAMI, LLC

FILED

00 JAN 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

444 BRICKELL AVENUE, SUITE 535
MIAMI FL 33131

Mailing Address

ONE GATEWAY CENTER, 3RD FLOOR
NEWARK NJ 07102-5311



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

22-3612536

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

RANIERE, VINCENT J
444 BRICKELL AVENUE, SUITE ~~535~~ 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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MGRM						
	RANIERE, VINCENT J	444 BRICKELL AVENUE, SUITE 535	MIAMI FL 33131				
	MGR						
	CODIGNOTTO, STEPHEN	% IDOM INC., ONE GATEWAY CTR., 3RD FL	NEWARK NJ 07102				

200003105682--1
-01/21/00--01012-01
*****50.00 *****50.00

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:

Stephan Codignotto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/11/00
Date

Date

Daytime Phone #