

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3612536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANIERE, VINCENT J

444 BRICKELL AVENUE, SUITE 535 800
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.

(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

MGRM
RANIERE, VINCENT J
444 BRICKELL AVENUE, SUITE 535
MIAMI FL 33131

☐ Delete

TITLE
NAME

☐ Change ☐ Addition

STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS
CITY- ST- ZIP

200003105682--1

TITLE
NAME

MGR
CODIGNOTTO, STEPHEN
% IDOM INC., ONE GATEWAY CTR., 3RD FL
NEWARK NJ 07102

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TITLE
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-01/21/00--01012
*****50.00 *****50.00

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/11/00