

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001360

1. Entity Name

3050 HOLDINGS, L.L.C.

Principal Place of Business

C/O E.F. HUTTON CORP., 2000 S. DIXIE HWY
SUITE 100
MIAMI FL 33133

Mailing Address

C/O E.F. HUTTON CORP., 2000 S. DIXIE HWY
SUITE 100
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134

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

300004420429--6
-06/14/01--01095--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE **VD** ☐ Delete
NAME **GOUGHAN, LEO**
STREET ADDRESS **450 N PARK ROAD, STE# 403**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **PSTD** ☐ Delete
NAME **FIELDSTONE, RONALD R**
STREET ADDRESS **201 ALHAMBRA CIRCLE, STE# 601**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PRE** ☐ Change ☐ Addition
NAME **PRESIDENT/SECRETARY**
STREET ADDRESS **RONALD FIELDSTONE**
CITY-ST-ZIP **201 Alhambra Circle, Ste# 601**
Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **LEO GOUGHAN**
CITY-ST-ZIP **450 N Park Road, Ste# 403**
Hollywood, FL 33021

TITLE ☐ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **ABDUL AGHA**
CITY-ST-ZIP **6701 Sunset Drive, Ste# 203-B**
Miami, FL 33183

TITLE ☐ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **REZA GOLKAR**
CITY-ST-ZIP **7010 Mira Flores**
Coral Gables, FL 33143

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/01 (315) 856-5858

FILED

01 MAY 23 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)