

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000013278

1. Entity Name
PILOTCO, LLC

FILED

01 MAR -2 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15001 N.W. 42ND AVENUE, BUILDING 47, STE 9
MIAMI FL 33054

Mailing Address
~~15001 N.W. 42ND AVENUE, BUILDING 47, STE 9~~
~~MIAMI FL 33054~~



2. Principal Place of Business

3. Mailing Address
2060 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Second Fl

DO NOT WRITE IN THIS SPACE

City & State

City & State
Miami FL 33137

4. FEI Number
65-1057082

Applied For
Not Applicable

Zip

Country

Zip
33137

Country
USA

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

KRIEGER, STANLEY ESQUIRE
2060 BISCAYNE BOULEVARD, 2ND FLOOR
MIAMI FL 33137

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 Norman Braman, MGR ☐ Delete
STREET ADDRESS 2060 Biscayne Blvd. 2nd Fl
CITY-ST-ZIP Miami, FL 33137

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/01

Date

Daytime Phone #

CR2E083 (11/00)