

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001659

1. Entity Name

TITO, LLC

FILED

01 MAY -1 PM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3826 NORTHWEST THIRTY-SECOND AVE.  
MIAMI FL 33142

Mailing Address

3826 NORTHWEST THIRTY-SECOND AVE.  
MIAMI FL 33142

2. Principal Place of Business

3816 & 3818 NW 32 Ave  
Suite, Apt. #, etc.

3. Mailing Address

3818 NW 32 Ave  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-100 1795

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

DEVINE GOODMAN & WELLS, P.A.  
777 BRICKELL AVE., STE. 980  
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

700004275197-7  
-05/22/01--01004--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
HABER, RODERICK  
STREET ADDRESS 19380 COLLINS AVE., NO. 516B  
CITY-ST-ZIP AVENTURA FL 33160-2235 ☐ Delete

TITLE NAME MGRM  
HABER, BERNARDO  
STREET ADDRESS 19380 COLLINS AVE., NO. 516B  
CITY-ST-ZIP AVENTURA FL 33160-2235 ☒ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
Haber, Roderick ☒ Change ☐ Addition  
STREET ADDRESS 100 Bayview Dr. #1719  
CITY-ST-ZIP Sunny Isles, FL 33160

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

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

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)