

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 18, 2002 8:00 am  
Secretary of State

02-18-2002 90172 018 \*\*\*\*50.00

DOCUMENT # L99000005225

1. Entity Name

ACACIA INVESTORS, L.L.C.

Principal Place of Business

3550 BISCAYNE BLVD., #310  
MIAMI FL 33137

Mailing Address

3550 BISCAYNE BLVD., #310  
MIAMI FL 33137

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

65-0950758

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

GREEN, MITCHELL F  
4000 HOLLYWOOD BOULEVARD, SUITE 485 SOUTH  
HOLLYWOOD FL 33021

Name JOSEPH MAENZA

Street Address (P.O. Box Number is Not Acceptable)

3550 BISCAYNE BLVD # 310

City MIAMI

FL

Zip Code 33137

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME MAENZA, JOSEPH ☐ Delete  
STREET ADDRESS 1688 MERIDIAN AVENUE, SUITE 801  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE SECRETARY  
NAME MICHAEL WOJNICKI ☐ Change ☒ Addition  
STREET ADDRESS 3550 BISCAYNE BLVD #310  
CITY-ST-ZIP MIAMI, FL 33137

TITLE MGRM  
NAME FRIEND, DAVID ☒ Delete  
STREET ADDRESS 605 W. MADISON STREET, #4310  
CITY-ST-ZIP CHICAGO IL 60661

TITLE MGRM  
NAME JOSEPH MAENZA ☒ Change ☐ Addition  
STREET ADDRESS 3550 BISCAYNE BLVD #310  
CITY-ST-ZIP MIAMI, FL 33137

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
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

Date

Daytime Phone #

MANRIQUE ALONSO

2/6/02 305-573-4634

CR2E083 (9/01)