

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004169

1. Entity Name

CEIS REVIEW (FLA), LLC

Principal Place of Business

SUITE 305, RIVIERA PROFESSIONAL BLDG
4675 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33146

Mailing Address

SUITE 305, RIVIERA PROFESSIONAL BLDG
4675 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33146

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

STINSON, LOUIS JR, ESQ
SUITE 305, RIVIERA PROFESSIONAL BLDG
4675 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33146

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HILL, JOSEPH J
2410 BRICKELL AVE., UNIT 101-C
MIAMI FL 33129

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HILL, ELAINE M
2410 BRICKELL AVE., UNIT 101-C
MIAMI FL 33129

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90406 010 ****50.00

967941



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1000846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

CR2E083 (9/01)