

REVISED  
**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN 18 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022213

1. Entity Name

2250 Coral Way, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2000 S. Dixie Highway

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip 33133

Country USA

3. Mailing Address  
2000 S. Dixie Highway

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip 33133

Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For new no  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ronald R. Fieldstone

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

201 Alhambra Circle

Suite 601

City

Coral Gables

FL

Zip Code

33134

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.

6/5 /02

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME Ray Abbassi  
STREET ADDRESS 2000 S. Dixie Highway, Ste. 100  
CITY-ST-ZIP Miami, FL 33133

TITLE MGRM  
NAME Dr. Abdul Agha  
STREET ADDRESS 5521 S.W. 81 Street  
CITY-ST-ZIP Coral Gables, FL 33143

TITLE MGRM  
NAME Dr. Reza Golkar  
STREET ADDRESS 7010 Mira Flores Ave.  
CITY-ST-ZIP Coral Gables, FL 33143

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Ray Abbassi, Manager

6/5 /02

305-856-5858

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

Date

Daytime Phone #

CR2E083B (12/01)