

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90034 013 \*\*\*\*50.00

**DOCUMENT # L00000013184**

1. Entity Name

**RICHARD-BRANDON CONSTRUCTION, LLC**



Principal Place of Business

Mailing Address

**4960 S.W. 72ND AVENUE  
STE 400  
MIAMI FL 33155**

**4960 S.W. 72ND AVENUE  
STE 400  
MIAMI FL 33155**

2. Principal Place of Business

**1501 SUNSET DRIVE**

Suite, Apt. #, etc.

**2ND FLOOR**

City & State

**CORAL GABLES, FL**

Zip

**33143**

Country

**USA**

3. Mailing Address

**1501 SUNSET DRIVE**

Suite, Apt. #, etc.

**2ND FLOOR**

City & State

**CORAL GABLES, FL**

Zip

**33143**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1054699**

Applied For

Not Applicable

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

**THE RICHARD BRANDON COMPANY  
4960 S.W. 72ND AVENUE, SUITE 400  
MIAMI FL 33155**

Name

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

**1501 SUNSET DRIVE**

**2ND FLOOR**

City

**CORAL GABLES**

**FL**

Zip Code

**33143**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **MATTAWAY, L. RICHARD**  
STREET ADDRESS **4960 S.W. 72ND AVENUE, SUITE 400**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **V** ☐ Delete  
NAME **SHER, MICHAEL J**  
STREET ADDRESS **4960 S.W. 72ND AVENUE, SUITE 400**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VS** ☐ Delete  
NAME **LURIE, BRANDON**  
STREET ADDRESS **4960 S.W. 72ND AVENUE, SUITE 400**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1501 SUNSET DRIVE, 2ND FLOOR**  
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1501 SUNSET DRIVE, 2ND FLOOR**  
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1501 SUNSET DRIVE, 2ND FLOOR**  
CITY-ST-ZIP **CORAL GABLES, FL 33143**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 #

CR2E083 (10/02)