

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90011 032 \*\*\*\*50.00

**DOCUMENT # L01000017141**

1. Entity Name

9308 HOLDINGS, L.L.C.



Principal Place of Business

Mailing Address

C/O RICHARD J. ALAN CAHAN, ESQ.  
5201 BLUE LAGOON DR., STE. 100  
MIAMI FL 33126

C/O RICHARD J. ALAN CAHAN, ESQ.  
5201 BLUE LAGOON DR., STE. 100  
MIAMI FL 33126

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 **65-1136884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALAN CAHAN, RICHARD J. ESQ.  
BECKER & POLIAKOFF, P.A.  
5201 BLUE LAGOON DR., STE. 100  
MIAMI FL 33126-2065

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. 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 **MGR** ☐ Delete  
NAME **PLAISIER, PETER**  
STREET ADDRESS **3342 BB HENDRIK-IDO-AMBACHT DORPSSTRAAT 53**  
CITY-ST-ZIP **THE NETHERLANDS**

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

TITLE **MGR** ☒ Delete  
NAME **PLAISIER, PETER**  
STREET ADDRESS **3342 BB HENDRIK-IDO-AMBACHT ARCHTERAMBACHT**  
CITY-ST-ZIP **THE NETHERLANDS**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **BOL, R.W.**  
STREET ADDRESS **3342 BB HENDRIK-IDO-ARCHTERAMBACHT**  
CITY-ST-ZIP **THE NETHERLANDS**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 #

Feb. 03, 2003

+1131 78  
6845444

CR2E083 (10/02)