

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90005 007 ****50.00

0018664

DOCUMENT # L96000001086

1. Entity Name
10-31,L.C.



Principal Place of Business

Mailing Address

~~4675 PONCE DE LEON BLVD.~~
~~SUITE 305~~
CORAL GABLES FL 33146

~~4675 PONCE DE LEON BLVD.~~
~~SUITE 305~~
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

2199 Ponce de Leon Blvd

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.
Suite 301

Suite, Apt. #, etc.
Suite 301

City & State

Coral Gables

City & State

Coral Gables FL

Zip

33134

Country

USA

Zip

33134

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0735686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name Stewart Agent Service

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

2199 Ponce de Leon Blvd

Suite 301

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

SIGNATURE

[Signature]

Manager

3/24/03

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
NAME STINSON, LOUIS JR
STREET ADDRESS 4675 PONCE DE LEON BLVD. SUITE 305
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE MGR
NAME Stinson Louis JR
STREET ADDRESS 2199 Ponce de Leon Blvd #301
CITY-ST-ZIP Coral Gables FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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] REQUIRED

3/24/03

305-444-8807

CR2E083 (10/02)