

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90041 021 \*\*\*\*50.00

**DOCUMENT # L02000021259**

1. Entity Name

**ALESSANDRI & ASSOCIATES, LLC**



Principal Place of Business

**1614 PENNSYLVANIA AVENUE  
2F  
MIAMI BEACH FL 33139  
US**

Mailing Address

**1614 PENNSYLVANIA AVENUE  
2F  
MIAMI BEACH FL 33139  
US**

2. Principal Place of Business

3. Mailing Address

**60 Suarez, Ceballos / Ortiz**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**354 Sevilla Ave**

City & State

City & State

**Coral Gables FL**

Zip

Country

Zip

Country

**33134**

**USA**

4. FEI Number

**14-1843881**

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

**ALESSANDRI, MICHAEL PH.D.  
1614 PENNSYLVANIA AVENUE  
2F  
MIAMI BEACH FL 33139**

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 **PRESIDENT** ☐ Delete  
NAME **ALESSANDRI, MICHAEL**  
STREET ADDRESS **1614 PENNSYLVANIA AVE, 2F**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

TITLE **SECRETARY** ☐ Delete  
NAME **GRADOS, LOIS**  
STREET ADDRESS **1614 PENNSYLVANIA AVE, 2F**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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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TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

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

Date

Daytime Phone #

**4-7-03 305 582 7850**

CR2E083 (10/02)