

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0014949

DOCUMENT # L00000004316

1. Entity Name

THE FOUNTAIN HOLDINGS, L.C.



FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

2921 S.W. 27TH AVENUE
COCONUT GROVE FL 33133

2921 S.W. 27TH AVENUE
COCONUT GROVE FL 33133

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 65-1056603

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

MELAND & RUSSIN, P.A.
200 SOUTH BISCAYNE BLVD.
2420 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

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 MGRM ☐ Delete
NAME KAMILAR, MARK
STREET ADDRESS 2921 S.W. 27TH AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE MGRM ☐ Change ☒ Addition
NAME GARY SHEAR
STREET ADDRESS 6817 SW 81st TERRACE
CITY-ST-ZIP MIAMI, FL 33143

TITLE MGRM ☐ Delete
NAME TORRES, RICARDO
STREET ADDRESS 2921 S.W. 27TH AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Change ☐ Addition
NAME 100017896001
STREET ADDRESS 05/02/03--01056--002 **50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME UTNER, DIETER
STREET ADDRESS 2921 S.W. 27TH AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: 2 SIGNATURE REQUIRED MARK KAMILAR, Managing Member 4/30/03 305-567-1112

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

Date

Daytime Phone #

CR2E083 (10/02)