

2002 UNIFORM BUSINESS REPORT (UBR)

0000885
AV

DOCUMENT # **A96000000919**

1. Entity Name

LONDONDERRY HOLDINGS, LTD.

FILED

02 JUN 20 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**701, BRICKELL AVENUE, SUITE 850
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVENUE, SUITE 850
MIAMI FL 33131**

2. Principal Place of Business

801 Brickell Ave

3. Mailing Address

801 Brickell Ave

Suite, Apt. #, etc.

16th Floor

Suite, Apt. #, etc.

16th Floor

City & State

Miami, FL 33131

City & State

Miami, FL 33131

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD.

PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **DE OTADUY, JAVIER**
STREET ADDRESS **17 BOULEVARD DU LARVOTTO, BLA 3ET #3**
CITY-ST-ZIP **MONTECARLO, MONACO**

STREET ADDRESS

CITY-ST-ZIP

700005764557--7

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**-06/13/02--01013--001
*****750.00 *****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700005764557--7

**-06/13/02--01013--002
*****8.75 *****8.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/21/02

Date

305-381-8340

Daytime Phone #

CR2E003 (9/01)