

2001 UNIFORM BUSINESS REPORT (UBR)

0027949 AF

DOCUMENT # L00000000196

1. Entity Name

GEORGE T. RAMANI & ASSOCIATES, P.L.

FILED

01 JAN 19 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

701 BRICKELL AVE., SUITE 2000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE., SUITE 2000
MIAMI FL 33131

2. Principal Place of Business

200 S. BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2000

City & State

City & State

MIAMI FL

Zip 33131

Country

USA

Zip

Country

4. FEI Number

65-0970784

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAMANI, GEORGE T

701 BRICKELL AVE., SUITE 2000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

GEORGE T. RAMANI

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

200 S. BISCAYNE BLVD

SUITE 2000

City

MIAMI

FL

Zip Code

33131

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS RAMANI, GEORGE T
CITY-ST-ZIP 701 BRICKELL AVE., SUITE 2000
MIAMI FL 33131

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
GEORGE T. RAMANI
200 S. BISCAYNE BLVD, # 2000
MIAMI FL 33131

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 REQUIRED

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

Date

Daytime Phone #

1/17/01 305 381-8811

CR2E083 (11/00)