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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am Secretary of State DOCUMENT # L0000000196 01-14-2002 90028 038 ****50.00 GEORGE T. RAMANI & ASSOCIATES, P.L. Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD. SHITE 2000 MIAMI FL 33131 200 S. BISCAYNE BLVD. SUITE 2000 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 65-0970784 Not Applicable Country \$5.00 Additional Zio Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEORGE T. PAMANI RAMANI, GEORGE T 200 S. BISCAYNE BLVD. SUITE 2000 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** City to the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity sub FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition ☐ Change TITLE ☐ Delete TITLE RAMANI, GEORGE T NAME NAME STREET ADDRESS STREET ADDRESS 200 S. BISCAYNE BLVD. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP 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 of sustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: