

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

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DOCUMENT # L00000001661

1. Entity Name

PIER PARTNERS, LLC

01 APR 26 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE S.E. THIRD AVE., 28TH FLOOR
C/O ANDREW M. SMULIAN
MIAMI FL 33131

Mailing Address

ONE S.E. THIRD AVE., 28TH FLOOR
C/O ANDREW M. SMULIAN
MIAMI FL 33131

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

65-0981634

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

7. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
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.

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

10.

ADDITIONS/CHANGES

TITLE Manager
NAME 270 Ventures, Inc.
STREET ADDRESS One S.E. Third Ave., 28th Floor
CITY-ST-ZIP Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400004190974-04
-05/09/01--01076-031
*****50.00 *****50.00

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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: by *[Signature]*
270 Ventures, Inc.
Manager

04/24/01

(305) 374-5600

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

Date

Daytime Phone #

CR2E083 (11/00)