

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001712

1. Entity Name

CT CENTER OF SOUTH MIAMI, L.L.C.

Principal Place of Business

4616 NORTH FEDERAL HWY
FT LAUDERDALE FL 33308

Mailing Address

4616 NORTH FEDERAL HWY
FT LAUDERDALE FL 33308

2. Principal Place of Business

6161 SUNSET DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE A

City & State

MIAMI, FLORIDA

Zip

33143

Country

U.S.A.

Zip

Country

4. FEI Number

65-0891853

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

LOUIS JR, ROLAND R
THE COLONNADE, STE 710
2333 PONCE DE LEON BLVD
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JVZ PARTNERS MGRM
4400 RENAISSANCE PKWY. SUITE L
WARRENSVILLE HEIGHTS, OH 44128

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sergio G de Mendonca MGRM
761 Ridgebrook Rd
Key Biscayne FL 33149

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003932161-6
-03/30/01-01095-021
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mark E. ZELCH

2-06-01

Date

216 464 8484

Daytime Phone #

0011966 AF

CR2E083 (11/00)

FILED

01 MAR 26 AM 8:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

