

2001 UNIFORM BUSINESS REPORT (UBR)

0000364 AF

DOCUMENT # L00000002070

1. Entity Name

INVERCELL, L.L.C.

FILED

01 APR 23 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

999 BRICKELL AVE., STE. 700
MIAMI FL 33131

999 BRICKELL AVE., STE. 700
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

888 Brickell Key Dr
Suite, Apt. #, etc. 705

888 Brickell Key Dr
Suite, Apt. #, etc. 705

City & State
Miami FL

City & State
Miami FL

Zip 33134 Country

Zip 33134 Country

4. FEI Number

650984907

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

MELHEM, ANTOINE
999 BRICKELL AVE., STE. 700
MIAMI FL 33131

Name

MELHEM ANTOINE

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

888 Brickell Key Drive Suite 705

Antoine Melhem, President

City

Miami

FL

Zip Code

33134

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 Antoine Melhem

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

(NOTE: Registered Agent signature required when reinstating)

3/28/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

100004138371--1

-05/07/01--01047--003

*****50.00*****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MELHEM, ANTOINE
STREET ADDRESS 999 BRICKELL AVE., STE. 700
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE PRESIDENT
NAME MELHEM, ANTOINE
STREET ADDRESS 888 Brickell Key Drive Suite 705
CITY-ST-ZIP Miami FL 33134

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Antoine Melhem

3/28/01

305 444 3357

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

Date

Daytime Phone #

CR2E083 (11/00)