

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-30-2002 90019 016 ****50.00

DOCUMENT # L00000002243

1. Entity Name

40310 FISHER L.L.C. ✓

Principal Place of Business

7901 SW 57 COURT
MIAMI FL 33143

Mailing Address

7901 SW 57 COURT
MIAMI FL 33143

2. Principal Place of Business

5724 SW 76 TER

Suite, Apt. #, etc.

3. Mailing Address

5724 SW 76 TER

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33143

Country

Zip

33143

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

 BLUNTZER, CHRISTOPHER J
 7901 SW 57 COURT
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

5724 SW 76 TER

City

MIAMI

FL

Zip Code

33143

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

 TITLE MGR
 NAME BLUNTZER, ELENA C
 STREET ADDRESS 7901 SW 57 COURT
 CITY-ST-ZIP MIAMI FL 33143
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete
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 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change☐ Addition
 5724 SW 76 TER
 MIAMI, FL 33143

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

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

Date

Daytime Phone #

4.17.02

CRS/ENG (0/01)