

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90207 028 ***150.00

DOCUMENT # L00000003228

1. Entity Name

925 PARK PLACE, LLC

Principal Place of Business

**2315 N.W. 107TH AVE., B-17
 MIAMI FL 33172**

Mailing Address

**2315 NW 107TH AVE.
 BOX 111
 MIAMI FL 33172**

960958

2. Principal Place of Business

19501 Biscayne Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Space #1659A

City & State

Aventura, FL

Zip

33180

Country

Zip

Country

4. FEI Number

91-2032483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LION GROUP INTERNATIONAL INC.
 2315 N.W. 107TH AVE., B-17
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

David J. Taney

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

19495 Biscayne Blvd.

Suite 300

City

Aventura

FL

Zip Code
33180

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

David J. Taney
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02
 DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **FALIC, JANA**
 STREET ADDRESS **19501 BISCAYNE BLVD., #1659**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS **2315 NW 107 Ave., Box 111**
 CITY-ST-ZIP **Miami, FL 33172**

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

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

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: X

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

Date

Daytime Phone #

CR2E083 (9/01)