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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
01-23-2002 90051 015 ****50.00

DOCUMENT # L00000003316

1. Entity Name
CRIDA, L.L.C.

Principal Place of Business
1627 BRICKELL AVENUE, SUITE 1105
MIAMI FL 33129

Mailing Address
1627 BRICKELL AVENUE, SUITE 1105
MIAMI FL 33129

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
888 BRICKELL KEY DR	888 BRICKELL KEY DR
Suite, Apt. #, etc. #2203	Suite, Apt. #, etc. #2203
City & State MIAMI FL	City & State MIAMI FL
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DIEGUEZ, JOSE A
1627 BRICKELL AVENUE, SUITE 1105
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name DIEGUEZ JOSE A.
Street Address (P.O. Box Number is Not Acceptable)
888 BRICKELL KEY DR #2203
City MIAMI FL Zip Code 33131

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] Jan 18, 02
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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIEGUEL, JOSE A 1627 BRICKELL AVE. #1105 MIAMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	888 BRICKELL KEY DR #2203 MIAMI FL 33131	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIEGUEZ, ANA M 1627 BRICKELL AVE. #1105 MAIMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	888 BRICKELL KEY DR #2203 MIAMI FL 33131	☑ Change ☐ Addition
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CR2E083 (9/01)

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 REQUIRED [signature] Jan 13, 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #