

2001 UNIFORM BUSINESS REPORT (UBR)

0006660 AF

DOCUMENT # L00000003777

1. Entity Name
O.F.F.F. - SOUTH FLORIDA, LLC

FILED
01 APR 30 PM
SECRETARY OF
TALLAHASSEE, FL

Principal Place of Business **Mailing Address**

1855 GRIFFIN ROAD 1855 GRIFFIN ROAD
SUITE C-362 SUITE C-362
DANIA FL 33004 DANIA FL 33004



2. Principal Place of Business **3. Mailing Address**

3485 Sheridan Avenue 3485 Sheridan Avenue

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**

Miami, FL Miami, FL

Zip **Country** **Zip** **Country**

33140 33140

4. FEI Number **Applied For**

65-1005417 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIRARD, NICOLAS
1855 GRIFFIN ROAD, SUITE C-362
DANIA FL 33004

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3485 Sheridan Avenue

City **FL** **Zip Code**
Miami 33140

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]* **PRESIDENT** **APRIL 24th 2001**

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	President Nicolas Girard 3485 Sheridan Ave Miami, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

900004217989 ☐ Addition
-05/15/01--01107--006
*****50.00 *****50.00

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]* **PRESIDENT** **APRIL 24th 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)