

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90081 012 \*\*\*\*50.00

**DOCUMENT # L00000003825**

1. Entity Name

**TWO OR MORE, L.L.C.**

Principal Place of Business

~~2600 DOUGLAS ROAD~~  
~~PENTHOUSE 8~~  
~~CORAL GABLES FL 33134~~

Mailing Address

~~2600 DOUGLAS ROAD~~  
~~PENTHOUSE 8~~  
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

**100 Almena Ave**

3. Mailing Address

**P.O. Box 143509**

Suite, Apt. #, etc.

**Suite 230**

Suite, Apt. #, etc.

City & State

**Coral Gables**

City & State

**Miami FL**

Zip

**33134**

Country

**US**

Zip

**33114**

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

Applied For

**65-6379181**

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOHATCH, JOHN S ESQ.**  
**2600 DOUGLAS ROAD**  
**PENTHOUSE 8**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 NAME ☐ Delete  
**MGRM**  
**MAXIMO, MANUEL PAULO**  
**2600 DOUGLAS ROAD**  
**CORAL GABLES FL 33134**

TITLE NAME ☐ Delete  
**MGRM**  
**PIETRA, SCHIAPPA**  
**2600 DOUGLAS ROAD**  
**CORAL GABLES FL 33134**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
**MGRM**  
**MAXIMO, MANUEL PAULO**  
**P.O. Box 143509**  
**MIAMI FL 33114**

TITLE NAME ☒ Change ☐ Addition  
**MGRM**  
**PIETRA, SCHIAPPA**  
**P.O. Box 143509**  
**MIAMI FL 33114**

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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:

**SIGNATURE OF MANUEL PAULO**

**01/25/02 (305) 476-5831**

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

Date Daytime Phone #

CR2E083 (9/01)