2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003926 1. Entity Name CORRADINO DEVELOPMENT, LLC							FILED 01 MAY - 7 PM 3: 04					
Principal Place of Business 4055 NW 97TH AVENUE MIAMI FL 33178 Mailing Address 4055 NW 97TH AVENUE MIAMI FL 33178							SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	lace of Business	3. Mailing Address	Mailing Address			_ 1 166/1614 615 65114 96/15 65(1) 66/15 65/11 66/15 65/11 66/15 15/16 17/16 1						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat	e .	City & State	ity & Stale			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				plied For t Applicable		
Zip Country Z			Zip	Zip Country			5. Certif	icate of Sta	tus Desired	×	\$5.00 Add	itional
	6. Name and	legistered Agent	red Agent			7. Name	and Addr	ess of New F	Registered			
-		<u> </u>			Name							
FERNANI 4055 NW			Street A	et Address (P.O. Box Number is Not Acceptable)					<u></u>			
MIAMI FL												
						FL Zip Code						
8. The above	named entity sul	omits this statement for	the purpose of changing	its registere	ed office o	r registere	d agent, o	or both, in t	he State of Fl	orida.		
SIGNATURE	Signature, typed or pri	nted name of registered agent a	nd title if apolicable.	NOTE: Registere	d Agent signat	ture required v	when reinstati	ng)		DATE		
	organization, types or principles			NOW!!!				•	0043	3,75	614- 010660	3
			Make Check				State		****	7010 50.00	*****5	0.00
9.		MANAGING MEMBE	RS/MEMBERS	10.					ADDITIONS	/CHANGE	S	
TITLE		0 00001-	[] Delete	ŤITU		l	E0)	Change	Addition
NAME STREET ADDRESS	SUSEUM	C. CORRAD		STRE	ET ADDRESS			FIFTH				
CITY-ST-ZIP				CITY	-ST-ZIP				24 402	?0Z_		
TITLE			□ Delete	. TITLI Nam			31DE	DEU	ITSCH		Change	- Addition
NAME STREET ADDRESS				1	ET ADDRESS	200) <i>S.</i> F	IF TH	ST			
CITY-ST-ZIP				ÇĮTY	-ST-ZIP				Y 402	20Z		
TITLE -			☐ Delete	TITU Nam		_	>~~ · ·	PIP	~~		_ Change	Addition
NAME STREET ADDRESS					ET ADDRESS	405	5 NV	v 972	IAVE			
CITY-ST-ZIP		toniante en .		CITY	-ST-ZIP			FL 33	3178			
TITLE NAME			☐ Delete	TITLI NAM		CFC		s. Sui	LIVAN		☐ Change	Addition
STREET ADDRESS					ET ADDRESS	200	5. FI	F17-1 9	ST	_		
CITY-ST-ZIP			<u> </u>		-ST-ZIP	LOUIS	VILLE	KY	4020			
TITLE NAME #	,	1	Delete	Titl Nam		KNCF	א גם	1 000	RADIN	10	☐ Change	Addition
STREET ADDRESS					ET ADDRESS	405	5 Nu	197 D	1 AVE			,
CITY-ST-ZiP				CITY	-ST-ZIP	MIAM	11, FC	_ 331	78			
TITLE			☐ Delete	TITL			-				☐ Change	☐ Addition
NAME STREET ADDRESS				NAM Stre	EET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
indicatéd	l on this report is :	true and accurate and t	this filing does not qualif hat my signature shall ha empowered to execute t	eve the same	e legal effe	ct as if m	ade under	oath: that	Lam a mana	I further c ging mem	ertify that the ir ber or manage	nformation or of the

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

4-20-01

(502)587-7221

Daytime Phone