

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003926

1. Entity Name

CORRADINO DEVELOPMENT, LLC

Principal Place of Business

4055 NW 97TH AVENUE
MIAMI FL 33178

Mailing Address

4055 NW 97TH AVENUE
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FERNANDEZ, HECTOR
4055 NW 97TH AVENUE
MIAMI FL 33178

4. FEI Number

APPLIED FOR
31-1750826

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

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

MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
CORRADINO, JOSEPH C
200 S FIFTH ST
LOUISVILLE KY 40202

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEUTSCH, BURT J
200 S FIFTH ST
LOUISVILLE KY 40202

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
P'POOL, FRED C
4055 NW 97TH AVE
MIAMI FL 33178

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
SULLIVAN, STEVE B
200 S FIFTH ST
LOUISVILLE KY 40202

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EV
CORRADINO, JOSEPH M
4455 NW 97 AVE
MIAMI FL 33178

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

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

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

4/24/02

Date

502-587-7221

Daytime Phone #

CR2E083 (9/01)

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

05-22-2002 90211 002 ****50.00

41473



DO NOT WRITE IN THIS SPACE