

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2002 90027 050 ***150.00

DOCUMENT # L00000004230

1. Entity Name
FLORIDA PENSIONS, LLC

Principal Place of Business

~~1 S.E. 3RD AVE., SUITE 1920~~
~~MIAMI FL 33131~~

Mailing Address

~~1 S.E. 3RD AVE., SUITE 1920~~
~~MIAMI FL 33131~~

CHANGE ADDRESS

CHANGE ADDRESS

2. Principal Place of Business

ONE BISCAYNE TOWER

3. Mailing Address

2 SOUTH BISCAYNE BLVD.

Suite, Apt. #, etc.

2 SOUTH BISCAYNE BLVD #3570

Suite, Apt. #, etc.

#3570

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

USA

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

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

KING, LAWRENCE

~~1 S.E. 3RD AVE., SUITE 1920~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

Same

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

2 SOUTH BISCAYNE BLVD #3570

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

LAWRENCE J. KING

1/24/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	KING, LAWRENCE J	
STREET ADDRESS	1 S.E. 3RD AVE., SUITE 1920	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	ROTH, IRIS J	
STREET ADDRESS	1 S.E. 3RD AVE., SUITE 1920	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2 SOUTH BISCAYNE BLVD #3570	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2 SOUTH BISCAYNE BLVD #3570	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED

LAWRENCE J. KING

305 371-1849

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

Date

Daytime Phone #

CR2E083 (9/01)