

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90190 009 ****50.00

DOCUMENT # L000000004609

1. Entity Name

MIAMI TELESITE LLC

Principal Place of Business

**111 N.E. 1ST STREET, SUITE 902
MIAMI FL 33132**

Mailing Address

**111 N.E. 1ST STREET, SUITE 902
MIAMI FL 33132**

2. Principal Place of Business

2200 SOUTH DIXIE HIGHWAY

3. Mailing Address

2200 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

702

Suite, Apt. #, etc.

702

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1025574

Applied For

Not Applicable

Zip

Country

33133

Zip

Country

331335. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TARRAU, GABRIEL
111 N.E. 1ST STREET, SUITE 902
MIAMI FL 33132**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	MBR	<input type="checkbox"/> Delete
NAME	TARRAU, GABRIEL	
STREET ADDRESS	111 NE 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33132	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 (GABRIEL TARRAU) 04/23/02 (305) 860-9675

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

Date

Daytime Phone #

CR2E083 (9/01)