

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005150

1. Entity Name
MARKETPLACE DESIGN, L.L.C.

Principal Place of Business
145 ORQUIDEA AVENUE
CORAL GABLES FL 33143

Mailing Address
145 ORQUIDEA AVENUE
CORAL GABLES FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name SILVANA GARAY
Street Address (P.O. Box Number is Not Acceptable)
145 ORQUIDEA AVE.
City CORAL GABLES FL Zip Code 33143

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

300003583243--2
-01/29/01--01012--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME GARAY, SILVANA
STREET ADDRESS 145 ORQUIDEA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33143 ☐ Delete

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

TITLE MGR
NAME KOLKSY, JULIA P
STREET ADDRESS 145 ORQUIDEA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33143 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

1-17-01

305-776-8119



DO NOT WRITE IN THIS SPACE

FILED

01 - JAN 22 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083 (11/00)