

2001 UNIFORM BUSINESS REPORT (UBR)

002973 AF

DOCUMENT # L00000005301

1. Entity Name
CUTLER MANOR, LLC

FILED

01 JAN 29 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

300 NW 12TH AVENUE
MIAMI FL 33128

Mailing Address

300 NW 12TH AVENUE
MIAMI FL 33128

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

65-1048614

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTORANO, SALVATORE
300 NW 12TH AVENUE
MIAMI FL 33128

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

000003654890--7
-02/06/01--01105--017
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS / CHANGES

TITLE NAME ☐ Change ☒ Addition
PD DOMINGUEZ, AGUSTIN
STREET ADDRESS 300 N.W. 12th AVE
CITY-ST-ZIP MIAMI, FL. 33128

TITLE NAME ☐ Change ☒ Addition
VD MARTORANO, SAL
STREET ADDRESS 300 N.W. 12th AVE
CITY-ST-ZIP MIAMI, FL. 33128

TITLE NAME ☐ Change ☒ Addition
VP RALEY, CLAIRE
STREET ADDRESS 300 NW 12th AVE
CITY-ST-ZIP MIAMI, FL. 33128

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ 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

SALVATORE MARTORANO

1/26/2001

Date

305-324-5505

Daytime Phone #

CR2E083 (11/00)