

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90589 035 ****55.00

DOCUMENT # L000Q0005301

1. Entity Name

CUTLER MANOR, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 NW 12 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

300 NW 12 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33128

Country

USA

Zip

33128

Country

USA

4. FEI Number

65-1048614

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

957866

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Salvatore Martorano

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

300 NW 12 AVENUE

City

MIAMI

FL

Zip Code

33128

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.

4/23/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR/P
AGUSTIN DOMINGUEZ
300 NW 12 AVENUE
MIAMI, FL 33128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR/VP
Salvatore Martorano
300 NW 12 AVENUE
MIAMI, FL 33128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR/VP
EUGENIA ANDERSON
300 NW 12 AVENUE
MIAMI, FL 33128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR/VP
RONALD REVALES
300 NW 12 AVENUE
MIAMI, FL 33128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

4/23/02 205 324 1525 X 13

CR2E083B (12/01)