

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007801

1. Entity Name
St. Pellicer Holdings, LLC

FILED

01 MAY -1 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business
437 41st St.

3. Mailing Address
437 41st St.

Suite, Apt. #, etc.
214

Suite, Apt. #, etc.

214

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number
65-102-0536

Applied For
Not Applicable

Zip 33140

Country USA

Zip 33140

Country USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

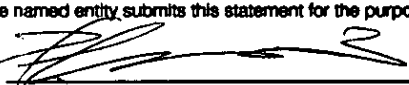
Name
305-672-9200 Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
437 41st Street #200

Miami Beach, FL 33140

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  Pres./305-672-9200 Management, INC. 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaxing) DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE M ☒ Delete
NAME Aimee St. Pellicer
STREET ADDRESS 437 41st Street #214
CITY-ST-ZIP Miami Beach, FL 33140

TITLE M ☒ Change ☐ Addition
NAME Aimee St. Pellicer
STREET ADDRESS 437 41st Street #214
CITY-ST-ZIP Miami Beach, FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: 

M. 4/25/01 305-672-2700

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

Date

Daytime Phone #

CR2E083 (11/00)