

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90252 003 ****50.00

DOCUMENT # L00000008081

1. Entity Name
SUITE 3304, L.L.C.

Principal Place of Business

**1428 BRICKELL AVE.
 PENTHOUSE
 MIAMI FL 33131**

Mailing Address

**1428 BRICKELL AVE.
 PENTHOUSE
 MIAMI FL 33131**

2. Principal Place of Business

4779 Collins Avenue

3. Mailing Address

4779 Collins Avenue

Suite, Apt. #, etc.

3304

Suite, Apt. #, etc.

3304

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

APPLIED FOR

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

**MANASTER, JOSHUA D
 1428 BRICKELL AVE., 8TH FL
 MIAMI FL 33131**

Name

Jay Sova

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

4779 Collins Avenue #3304

City

Miami Beach

FL

Zip Code

33140

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **BOND FAMILY LLC**
 STREET ADDRESS **4779 COLLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **Bond Family LLC**
 STREET ADDRESS **4779 Collins Avenue #3304**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **MGRM** ☐ Delete
 NAME **MIRO ASSOCIATES, LLC**
 STREET ADDRESS **4779 COLLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **Miro Associates, LLC**
 STREET ADDRESS **4779 Collins Avenue #3304**
 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
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)