

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008196

1. Entity Name

IDIOM VENTURES, LLC

Principal Place of Business

1455 OCEAN DRIVE, SUITE 609  
MIAMI BEACH FL 33139

Mailing Address

1455 OCEAN DRIVE, SUITE 609  
MIAMI BEACH FL 33139

2. Principal Place of Business

1455 Ocean Drive

Suite, Apt. #, etc.

Suite # 610

3. Mailing Address

Same.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

City & State

Country

4. FEI Number

65-1050115

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KOCSIS, LES Z  
1455 OCEAN DRIVE, SUITE 609  
MIAMI BEACH FL 33139

## 7. Name and Address of New Registered Agent

Name Les Z. KoCsIs.

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

1455 Ocean Drive #610

City Miami Beach FL Zip Code 33139

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

1/17/02.

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOCSIS, LES Z 1455 OCEAN DRIVE, SUITE 609 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Les Z. KoCsIs 1455 Ocean Drive #610 Miami Beach, FL, 33139.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

FILED  
Jan 25, 2002 8:00 am  
Secretary of State

01-25-2002 90030 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

1/17/02. (305) 586-3434

Date

Daytime Phone #