

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90005 025 ****50.00

DOCUMENT # L00000008241**1. Entity Name**
FERRELL REAL ESTATE GROUP, L.L.C.**Principal Place of Business**
201 SOUTH BISCAYNE BLVD., 34TH FLOOR
MIAMI FL 33131**Mailing Address**
201 SOUTH BISCAYNE BLVD., 34TH FLOOR
MIAMI FL 33131

945427



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1025912Applied For
Not Applicable

Zip Country

Zip Country

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****CORPDIRECT AGENTS**
103 NORTH MERIDIAN STREET
TALLAHASSEE FL 32315

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
Due By May 1, 2002**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES****TITLE** **MGRM** ☐ Delete
NAME **FERRELL GROUP HOLDING COMPANY LLC**
STREET ADDRESS **201 SOUTH BISCAYNE BLVD SUITE 3400**
CITY-ST-ZIP **MIAMI FL 33131****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Joseph I. Zumpano**
CITY-ST-ZIP **201 S. Biscayne Blvd., 34th FL.**
MIAMI, FL. 33131**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Mayra C. Da Castiglione**
CITY-ST-ZIP **201 S. Biscayne Blvd., 34th FL.**
MIAMI, FL. 33131**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Delete
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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:** *Mayra C. Da Castiglione*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE4/19/02 365-371-8585
Date Daytime Phone #

CR2E083 (9/01)