

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90190 010 ****50.00

DOCUMENT # L00000009167

1. Entity Name
BRITTA M. LLC

Principal Place of Business

**35-B VENETIAN WAY
 SUITE 96
 MIAMI BEACH FL 33139**

Mailing Address

**35-B VENETIAN WAY
 SUITE 96
 MIAMI BEACH FL 33139**

2. Principal Place of Business

5125 SW 74th Terrace

Suite, Apt. #, etc.

3. Mailing Address

5125 SW 74th Terrace

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

Zip
33143

Country
USA

City & State
Miami, Florida

Zip
33143

Country
USA

4. FEI Number
65-1032938

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MOBLEY, BRITTA
 35-B VENETIAN WAY
 SUITE 96
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
Britta Mobley (same)

Street Address (P.O. Box Number is Not Acceptable)
5125 SW 74th Terrace

City
Miami

FL Zip Code
33143

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

TITLE
P
 NAME
MOBLEY, BRITTA
 STREET ADDRESS
35-B VENETIAN WAY, SUITE 96
 CITY-ST-ZIP
MIAMI BEACH FL 33139

☐ Delete

10. ADDITIONS/CHANGES

TITLE
P
 NAME
Britta Mobley
 STREET ADDRESS
5125 SW 74th Terrace
 CITY-ST-ZIP
Miami, FL. 33143

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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: **Britta Mobley**

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

4/22/02

Date

Daytime Phone #

CR2E083 (9/01)