

2001 UNIFORM BUSINESS REPORT (UBR)

0028816 AF

DOCUMENT # L00000012153

1. Entity Name
MIAMI FILTER, L.L.C.

FILED

01 FEB 22 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4505 PROSPERITY DRIVE
FT. PIERCE FL 34981**

Mailing Address
**4505 PROSPERITY DRIVE
FT. PIERCE FL 34981**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number Applied For Not Applicable

Zip Country Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JAMES, KEITH A ESQ.
222 LAKEVIEW AVENUE, SUITE #800
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **KEVIN MULVEY**

Street Address (P.O. Box Number is Not Acceptable) **4505 Prosperity Drive**

City **Ft. Pierce** FL Zip Code **34981**

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 *Kevin Mulvey* Signature, typed or printed name of registered agent and title if applicable. **Kevin Mulvey** (NOTE: Registered Agent signature required when reinstating) DATE **2/14/01**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME	MGRM PENNINGTON, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	336 WEST COLLEGE AVENUE	
CITY-ST-ZIP	SANTA ROSA CA 95401	
TITLE NAME	MEMBER KEVIN MULVEY	<input type="checkbox"/> Delete
STREET ADDRESS	4505 Prosperity Drive	
CITY-ST-ZIP	Ft. Pierce, FL 34981	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	MEMBER KEVIN MULVEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4505 Prosperity Drive	
CITY-ST-ZIP	Ft. Pierce, FL 34981	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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*****50.00 *****50.00

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Kevin Mulvey* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **2/14/01** Daytime Phone # **(561) 466-1440**

CR2E083 (11/00)