

2002
2001 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90204 043 ***150.00

DOCUMENT # L00000014785

1. Entity Name
CADDIEBIN LLC

Principal Place of Business
**770 CLAUGHTON ISLAND DR., STE. 1115
MIAMI FL 33131**

Mailing Address
**770 CLAUGHTON ISLAND DR., STE. 1115
MIAMI FL 33131**

2. Principal Place of Business
**650 West Ave
Suite, Apt. #, etc. #1808**

3. Mailing Address
**650 West Ave.
Suite, Apt. #, etc. #1808**

City & State
Miami Beach, FL
Zip
33139 Country
U.S.A.

City & State
Miami Beach, FL
Zip
33139 Country
U.S.A.

4. FEI Number
05-1061945

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Operations Manager/Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RALPH YAMMINE 650 West Ave #1808 MIAMI Beach FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NABEEL AL-ADSAWI 650 West Ave #1808 MIAMI Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Ralph Yammine

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

4/30/02 305-496-5000

Date

Daytime Phone #

CR2E083 (11/00)