

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT.#** L000000015022

**1. Entity Name**

ACQUISITIONS INTERNATIONAL WORLDWIDE PROPERTY MANAGEMENT LLC

**Principal Place of Business**

75 VALENCIA AVENUE  
4TH FLOOR  
CORAL GABLES, FL 33134

**Mailing Address**

75 VALENCIA AVENUE  
4TH FLOOR  
CORAL GABLES, FL 33134

**2. Principal Place of Business**

SAME AS ABOVE

**3. Mailing Address**

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

65-1083202

**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**

**7. Name and Address of New Registered Agent**

JORGE GURIAN

75 VALENCIA AVENUE, 4TH FLOOR  
CORAL GABLES, FL 33134

**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/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** MGRM  
**NAME** GRADY, JOHN  
**STREET ADDRESS** 75 VALENCIA AVENUE, 4TH FL  
**CITY - ST - ZIP** CORAL GABLES, FL 33134 ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ Delete

**TITLE**  
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**STREET ADDRESS**  
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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:**

JORGE GURIAN

4/30/01

305-377-0812

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

Date

Daytime Phone #