

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 17, 2002 8:00 am
Secretary of State

05-22-2002 90257 001 ***150.00

DOCUMENT # L00000015317

1. Entity Name

234 WEST FLAGLER HOLDINGS, L.L.C.

Principal Place of Business

Mailing Address

**224 WEST FLAGLER STREET
MIAMI FL 33130****224 WEST FLAGLER STREET
MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

30-0111175

APPLIED FOR

30-0111175

4. FEI Number

Applied For

Not Applicable

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HANNON, JAMES ESQ.
224 WEST FLAGLER STREET
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**TITLE **MGR** ☐ Delete
NAME **G&S DEVELOPMENT CORP.**
STREET ADDRESS **224 WEST FLAGLER STREET**
CITY-ST-ZIP **MIAMI FL 33130**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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**SIGNATURE REQUIRED**

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

09/13/02 (305) 371-2129
Date Daytime Phone #

CR2E083 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

5/22/2002-90257-001-\$150.00-\$150.00

DOCUMENT # L00000015317

Entity Name
234 WEST FLAGLER HOLDINGS, L.L.C.

Principal Place of Business

24 WEST FLAGLER STREET
MIAMI FL 33130

Mailing Address

224 WEST FLAGLER STREET
MIAMI FL 33130

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

30-011175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HANNON, JAMES ESQ.
224 WEST FLAGLER STREET
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

MANAGING MEMBERS/MANAGERS

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
G&S DEVELOPMENT CORP.
224 WEST FLAGLER STREET
MIAMI FL 33130

☐ Delete

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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FILE
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STREET ADDRESS
CITY-ST-ZIP

1. I hereby
indicated
limited liability

10.

ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

Please make
Reimbursement
Payable to Management
Co. G&S Development
Corp.

Thank
you.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am a managing member or manager of the firm as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/25/02

(305) 371-2129

Daytime Phone #

CR2E083 (9/01)