

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000015704

1. Entity Name

R&A PROPERTY HOLDINGS, LLC

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90298 001 ***250.00

Principal Place of Business

Mailing Address

1200 BRICKELL AVE. SUITE 900
C/O AGI REGISTERED AGENTS INC.
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

1200 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 900

City & State

Miami Florida

Zip

33131

Country

U.S.A

Zip

Country

4. FEI Number

65-1068415

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

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE. SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

AGT Registered Agents Inc.

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

1200 Brickell Avenue

Suite 900

City

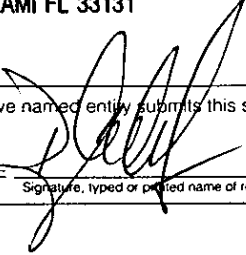
Miami

FL

Zip Code

33131

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  President

(NOTE: Registered Agent signature required when reinstating)

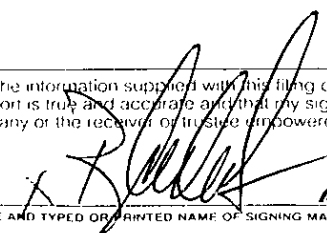
4/30/02
DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ROVIRA, Carlos
STREET ADDRESS 3500 N.W. 9 Ave.
CITY-ST-ZIP Miami, FL 33122TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE MGR ☐ Delete
NAME Avino, Ernesto
STREET ADDRESS 3500 N.W. 9 Ave.
CITY-ST-ZIP Miami, FL 33122TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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:  Atty in fact

4/30/02