2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000015949

ORIGINAL 9290 ENTERPRISES LLC



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90054 045 ****50.00

Suite, Apt. #, etc. Suito, Apt. #, etc. City & State City & State City & State 4. FEI Number 65-1065444 Applied F	Principal Place of Business 12900 S.W. 89TH COURT MIAMI FL 33176 2. Principal Place of Business		Mailing Address 12900 S.W. 89TH COURT MIAMI FL 33176		20019756	
City & State City & State City & State City & State Country C	z. Principal P	race of business	3. Mailing Address		I INDITERA DER BERKI ONNIK KONER BORRE ONRIK TRION LINER BYRKO LUMA ALAKS KALI ERAK I	
Stop South State	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
E. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent Pos Required 7. Name and Address of New Registered Agent Name BERKOWITZ, RICHARD A 15TH FL. SUNTRUST INTERNATIONAL CENTER ONE SOLTHEAST THIRD AVENUE MAMI FL 33131 City FL. Zip Code 6. 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 ac the obligations of registered agent and this if agelicable. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CITY-ST-2P MAMI FL 33176 CITY-ST-2P MAMI FL 33176 Delete TILE MAMI FL 33176 Delete	City & State		City & State	<u> </u>	4. FEI Number 65-1065444 Applied For Not Applicable	
BERKOWITZ, RICHARD A 15TH FL. SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVENUE MIAMI FL. 33131 City 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. I am familiar with, and ac the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE MGRM MGRM MGRM MGRM MGRM MGRM GARCIA, ROLANDO B 12800 S.W. 89TH CT. CITY-ST-2P TILE MMME GARCIA, MARIA E 12800 S.W. 89TH CT. MIAMI FL. 33176 Delete TILE MGRM MGRM Delete TILE MGRM MGRM Delete TILE NAME SIRET ADDRESS LOTY-ST-2P TILE MIAMI FL. 33176 Delete TILE MAME SIRET ADDRESS LOTY-ST-2P TILE MAME SIRET ADDRESS CITY-ST-2P TILE Delete TILE Delete TILE SIRET ADDRESS CITY-ST-2P TILE Delete TILE Delete TILE Change ADDITIONS/CHANGE Change ADDITIONS/CHANGE Change ADDITIONS/CHANGE Change ADDITIONS/CHANGE ADDITIONS/CHANG	Zip	Country	Zip	Country	5 Certificate of Status Desired S5.00 Additional	
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City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent. City Flag City Cit	15TH	I FL. SUNTRUST INTERNATIONA	L CENTER		(P.O. Box Number is Not Acceptable)	
THE Obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	MIAMI FL 33131			City	FL Zip Code	
Signature, hyper or printed name of registered agent and title if applicable. TRUE Name	the obligat	ions of registered agent.		registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept	
TITLE MGRM GARCIA, ROLANDO B STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			Make Check Payabl	e to Florida Departm	ment of State	
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STREET ADDRESS CITY-ST-ZIP 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		