**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2002 8:00 am Secretary of State DOCUMENT # L00000015950 01-23-2002 90080 050 \*\*\*\*50.00 ORIGINAL 9021 ENTERPRISES LLC Principal Place of Business Mailing Address 12900 S.W. 89TH COURT 12900 S.W. 89TH COURT 809401 MIAMI FL 33176 MIAM! FL 33176 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1065424 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERKOWITZ, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 15TH FL. SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVE. **MIAMI FL 33131** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ☐ Addition ☐ Change **MGRM** Delete TITLE NAME Garcia, rolando b STREET ADDRESS STREET ADDRESS 12900 S.W. 89TH CT. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition MGRM ☐ Detete TITLE Change TITLE NAME GARCIA, MARIA E NAME STREET ADDRESS STREET ADDRESS 12900 S.W. 89TH CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE T/T/ F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

305-233-1322