

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

02-05-2002 90084 043 ****50.00

DOCUMENT # L01000003308

1. Entity Name

DEVELOPMENT INTERNATIONAL GROUP, LLC

Principal Place of Business

100 MIRACLE MILE
SUITE 300
CORAL GABLES FL 33134

Mailing Address

100 MIRACLE MILE
SUITE 300
CORAL GABLES FL 33134

2. Principal Place of Business

100 Miracle Mile

Suite, Apt. #, etc.

Suite #310

City & State

Coral Gables, Florida

Zip

33134

Country

U.S.A.

3. Mailing Address

100 Miracle Mile

Suite, Apt. #, etc.

Suite #310

City & State

Coral Gables, Florida

Zip

33134

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1080432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent.

HERRON, ANDREW ESQ.
C/O HOMER, BONNER & DELGADO, P.A.
100 SE 2ND STREET, SUITE 3400
MIAMI FL 33131

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	GUTIERREZ, ENRIQUE H	100 MIRACLE MILE	CORAL GABLES FL 33134	<input type="checkbox"/>
MGRM	MILIAN, HELIO	100 MIRACLE MILE	CORAL GABLES FL 33134	<input type="checkbox"/>
MGRM	GONZALEZ, ANI	100 MIRACLE MILE	CORAL GABLES FL 33134	<input type="checkbox"/>
MGRM	ARIEL ENRIQUE GUTIERREZ	100 MIRACLE MILE	CORAL GABLES FL 33134	<input type="checkbox"/>
MGRM	GUTIERREZ, ARIEL E	100 MIRACLE MILE	CORAL GABLES FL 33134	<input type="checkbox"/>
MGRM	LATIMER, RUSSELL	100 MIRACLE MILE	CORAL GABLES FL 33134	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1/11/02

305-443-5511

Date

Daytime Phone #

CR2E083 (9/01)