

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90047 022 *****55.00

0014373

DOCUMENT # L01000003399

1. Entity Name

ORGANIZATIONAL TRANSFORMATION PARTNERS, LLC



Principal Place of Business

Mailing Address

1756 N. BAYSHORE DRIVE, UNIT 25B
MIAMI FL 33132

1756 N. BAYSHORE DRIVE, UNIT 25B
MIAMI FL 33132

2. Principal Place of Business

1756 N. Bayshore Dr

Suite, Apt. #, etc.

Unit 33k

City & State

Miami FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-2939672

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCAS, JAY H
1756 N. BAYSHORE DRIVE, UNIT 25B
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name LUCAS, JAY H

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

1756 N. Bayshore Dr Unit 33K

City

Miami

FL

Zip Code

33132

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
LUCAS, JAY H
STREET ADDRESS 1756 N BAYSHORE DR., UNIT 25B
CITY-ST-ZIP MIAMI FL 33132

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGRM
LUCAS, JAY H
STREET ADDRESS 1756 N. BAYSHORE DR., UNIT 33K
CITY-ST-ZIP MIAMI FL 33132

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

4/30/03

305 467 0499

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

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

10103233

L61000003399

4/30/03

Dear Sir or Madam

① The address change
delayed receipt.

If an additional (late)
fee is owed, pls.
let me know

② The change to the
address is simply
the unit # - 33/k.
The rest of the address
is the same.

JAY Lucas

305 467-0499