

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO1000004448**

1. Entity Name

**CRICKET CLUB, 603, L.L.C.**

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

**1800 N.E. 114th Street**

Suite, Apt. #, etc.

**Unit 603**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

Zip

**33181**

Country

**U.S.A.**

Zip

Country

4. FEI Number

**65-6365572**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**AGI Registered Agents, Inc.**

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

**1200 Brickell Ave.**

**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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/25/02**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**Facchini, Silvana**  
**1800 N.E. 114 Street, Unit 603**  
**Miami, FL. 33181**

☐ Delete

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

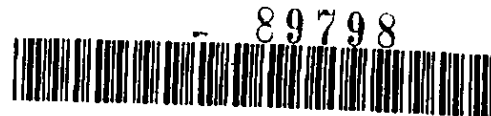
**4/25/02 305416-6 800**

13.00

Daytime Phone #

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90205 001 \*\*\*250.00



DO NOT WRITE IN THIS SPACE