2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-07-2002 90205 001 ***250.00

DOCUMENT # L01000004448

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

89798

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name ~~A-G-I 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 _______ President
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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: _______ Attorney-in-fact
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/02 Date 305 416-6800 Daytime Phone #