

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-05-2002 90015 029 ****50.00

DOCUMENT # L01000005148

1. Entity Name
GREAT CUP, LC

| | |
|---|---|
| Principal Place of Business 1000 PONCE DE LEON BLVD., STE. 100 CORAL GABLES FL 33134 | Mailing Address 1000 PONCE DE LEON BLVD., STE. 100 CORAL GABLES FL 33134 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Suits, Apt. #, etc. | | Suits, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |

| | | | | | |
|---|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent MULLIN, TERRANCE J ESO. 200 S. BISCAYNE BLVD., STE. 2000 MIAMI FL 33131 | | | 7. Name and Address of New Registered Agent Name JOSE E. MORALES Street Address (P.O. Box Number is Not Acceptable) 1000 Ponce de Leon Blvd. STE. 100 City CORAL Gables FL Zip Code 33134 | | |
|---|--|--|--|--|--|

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 *Jose Morales* (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 | | | 10. ADDITIONS/CHANGES | | |
|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Dieter Keller 1000 Ponce de Leon Blvd. #100 CORAL Gables, FL 33134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Dieter Keller* **2/15/02** **(305) 448-1703**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)