

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLIN, TERRANCE J ESQ.
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

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 MGRM ☐ Delete
NAME Dieter Keller
STREET ADDRESS 1000 Ponce de Leon Blvd. #100
CITY-ST-ZIP CORAL Gables, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Dieter Keller

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

2/15/02

Date

(305) 448-7703

Daytime Phone #



DO NOT WRITE IN THIS SPACE