

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90119 043 \*\*\*\*60.00

**DOCUMENT # L01000005231**

1. Entity Name

**AYANA RODRIGUEZ-O'RAND, L.L.C.**

Principal Place of Business

**2715 TIGERTAIL AVE  
 #304  
 MIAMI FL 33133**

Mailing Address

**2715 TIGERTAIL AVE  
 #304  
 MIAMI FL 33133**

2. Principal Place of Business

**1330 West Ave**

Suite, Apt. #, etc.

**#1407**

3. Mailing Address

**1330 West Ave**

Suite, Apt. #, etc.

**#1407**

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

4. FEI Number

**65-1095602**

Applied For

Not Applicable

Zip

**33139**

Country

**USA**

Zip

**33139**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**O'RAND, CHRISTOPHER J  
 2250 SW 3RD AVE  
 5TH FL  
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 **Christopher J. O'Rand**

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 **MGR** ☐ Delete  
 NAME **RODRIGUEZ-O'RAND, AYANA**  
 STREET ADDRESS **2715 TIGERTAIL AVE #304**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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 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:

**Ayana Rodriguez O'Rand**

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

**5/24/02**

Date

**305-804-8477**

Daytime Phone #

CR2E083 (9/01)