5/22/2002-90273-

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-22-2002 90273 017 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005259

1. Entity Name

PONCE DE LEON OFFICE CENTER, LLC

Principal Place of Business	Mailing Address
114-B PONCE DE LEON BLVD. CORAL GABLES FL 33135	114-B PONCE DE LEON BLVD. CORAL GABLES FL 33135

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-1095642 ☐ 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
REPOSA, RICHARD A 114-B PONCE DE LEON BLVD. CORAL GABLES FL 33135	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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CHK 1318

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	PLEASE SEE ATTACHED ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

96613
#L01000005259

Table of Membership Interests

Title Name Address	Federal Identifying Number
Member Luis G. Fernández 8251 Old Cutler Ridge Road Coral Gables Fl 33135	591-23-8533
Member John Henry Cabañas 114b Ponce De Leon Blvd Coral Gables Fl 33135	590-70-4723
Member Ryan International LLC 2375 NE 29th St. Lighthouse Pt. Fl 33064	65-0717164
Member Euromark Corp. 5555 Collins Avenue Apartment 15w Miami Beach FL 33140	65-0523308