

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90043 002 *****50.00

DOCUMENT # L01000005259

1. Entity Name

PONCE DE LEON OFFICE CENTER, LLC



Principal Place of Business

**114-B PONCE DE LEON BLVD.
CORAL GABLES FL 33135**

Mailing Address

**114-B PONCE DE LEON BLVD.
CORAL GABLES FL 33135**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FERNANDEZ, LUIS G	
STREET ADDRESS	8251 OLD CUTLER RIDGE RD	
CITY-ST-ZIP	CORAL GABLES FL 33135	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CABANAS, JOHN H	
STREET ADDRESS	114B PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33135	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RYAN INTERNATIONAL LLC	
STREET ADDRESS	2375 NE 29TH ST	
CITY-ST-ZIP	LIGHTHOUSE POINTE FL 33064	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	EUROMARK CORP	
STREET ADDRESS	5555 COLLINS AVE APT 15W	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

1/8/03

Date

305-445-7898

Daytime Phone #

CR2E083 (4/03)