

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90163 010 ****50.00

DOCUMENT # L01000005454

1. Entity Name

SAPPHIRE HOMES LLC

Principal Place of Business

1801 BRICKELL AVENUE #B-2406
 MIAMI FL 33129

Mailing Address

1901 BRICKELL AVENUE #B-2406
 MIAMI FL 33129

2. Principal Place of Business

1305 NE 104 ST

Suite, Apt. #, etc.

3. Mailing Address

1305 NE 104 ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Shores FL

Zip

33138

Country

City & State

Miami Shores FL

Zip

33138

Country

4. FEI Number

31-1794440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTRICK, RAYNETTE
 1901 BRICKELL AVENUE #B-2406
 MIAMI FL 33129

Nicoleau

7. Name and Address of New Registered Agent

Name

Gutrick, Raynette

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

1305 NE 104 ST

Miami Shores FL 33138

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

Raynette Nicoleau

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **managing member** ☐ Delete
 NAME **Raynette Nicoleau**
 STREET ADDRESS **1305 NE 104 ST.**
 CITY-ST-ZIP **Miami Shores FL 33138**

TITLE **managing member** ☐ Delete
 NAME **Michael Nicoleau**
 STREET ADDRESS **1305 NE 104 ST.**
 CITY-ST-ZIP **Miami Shores FL 33138**

TITLE **Miami Shores, FL 33138** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

Raynette Nicoleau

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

1/15/02

Date

305-759-3191

Daytime Phone #

CR2E083 (9/01)