

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90275 012 \*\*\*\*50.00

**DOCUMENT # L01000006104**

1. Entity Name  
**MIRAMAR TOWN CENTER GROUP, L.C.**

Principal Place of Business  
**2828 CORAL WAY, PENTHOUSE 5**  
**MIAMI FL 33143**

Mailing Address  
**2828 CORAL WAY, PENTHOUSE 5**  
**MIAMI FL 33143**

**907739**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**The Hogan Group**

Suite, Apt. #, etc.

**1000 S Pine Island Rd. Suite 400**

City & State

**Plantation, Florida**

Zip  
**33324**

Country  
**US**

3. Mailing Address

**The Hogan Group**

Suite, Apt. #, etc.

**101 E. Kennedy Blvd. Suite 4000**

City & State

**Tampa Florida**

Zip  
**33602**

Country  
**US**

4. FEI Number

**03-0395819**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, ANGEL**  
**2828 CORAL WAY, PENTHOUSE 5**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **Raymond E. Mills**

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

**101 E. Kennedy Blvd. Suite 4000**

City **Tampa**

**FL**

Zip Code

**33602**

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]* **Raymond E. Mills**

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/1/02**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MEMBER** ☐ Delete  
 NAME **The Hogan Group**  
 STREET ADDRESS **101 E. Kennedy Blvd. Suite 4000**  
 CITY-ST-ZIP **Tampa FL 33602**

TITLE ☐ 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

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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 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:

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

**ANGEL HERNANDEZ**  
**VICE - PRESIDENT**

Date

Daytime Phone #

**4/1/02**

CR2E083 (9/01)