

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90015 049 ****50.00

DOCUMENT # L01000006199

1. Entity Name

ADVICE TECHNO & ECONOMIC APPRAISALS, L.L.C.

Principal Place of Business

C/O GIOVANNI BISCARDI
 2601 SOUTH BAYSHORE DR., STE. 1600
 MIAMI FL 33133

Mailing Address

C/O GIOVANNI BISCARDI
 2601 SOUTH BAYSHORE DR., STE. 1600
 MIAMI FL 33133

2. Principal Place of Business

C/O Bravo money suc

Suite, Apt. #, etc.

2 S. BISCAYNE BLVD #2685

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Address

C/O Bravo money suc

Suite, Apt. #, etc.

2 S. BISCAYNE BLVD #2685

City & State

MIAMI, FL

Zip

33131

Country

USA

4. FEI Number

65-1097212

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BISCARDI, GIOVANNI
 C/O ADORNO & ZEDER, P.A.
 2601 S. BAYSHORE DR., STE. 1600
 MIAMI FL 33133

7. Name and Address of New Registered Agent

Name **John Junyent C/O Bravo money suc.**

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

2 S. BISCAYNE BLVD #2685

City

MIAMI

FL

Zip Code

33131

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

JOHN JUNYENT

(NOTE: Registered Agent signature required when reinstating)

2/13/2002

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUIZ BRONSTEIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O Bravo money suc	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Two S. Biscayne Blvd	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
 SIGNATURE REQUIRED

2/21/2002

Date

Daytime Phone #

CR2E003 (9/01)