

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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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
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2. Principal Place of Business C/O Bravo money SUC	3. Mailing Address C/O Bravo money SUC
Suite, Apt. #, etc. 2 S. BISCAYNE BLVD #2685	Suite, Apt. #, etc. 2 S. BISCAYNE BLVD #2685

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-1097212	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country USA	Zip 33131	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$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 **JOHN JUNYENT** DATE **2/13/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

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** DATE **2/21/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)