

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006206

1. Entity Name

SOARES LAW, PLC

FILED
Sep 30, 2002 8:00 am
Secretary of State

05-22-2002 90267 006 ****50.00

09-30-2002 90175 002 ****50.00

Principal Place of Business

300 ARAGON AVENUE
 SUITE 253
 CORAL GABLES FL 33134
 US

Mailing Address

300 ARAGON AVENUE
 SUITE 253
 CORAL GABLES FL 33134
 US

981316

2. Principal Place of Business

1548 BRICKELL AVE.
 Suite, Apt. #, etc.

3. Mailing Address

1548 BRICKELL AVE.
 Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FL

4. FEI Number

651099278

Applied For

Not Applicable

Zip

Country

33129

Zip

Country

33129

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOARES, MARCUS K ESQ.
 300 ARAGON AVENUE
 SUITE 253
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

1548 BRICKELL AVE.

City

MIAMI

FL

Zip Code

33129

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
 STREET ADDRESS SOARES, MARCUS K ESQ.
 CITY-ST-ZIP 300 ARAGON AVENUE, SUITE 253
 CORAL GABLES FL 33134 ☐ Delete

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS 1548 BRICKELL AVE.
 CITY-ST-ZIP MIAMI FL 33129

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
 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

Date

Daytime Phone #

9-24-02 (305) 529-2897

CR2E083 (4/02)