

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90212 023 \*\*\*\*50.00

**DOCUMENT # L01000006651**

1. Entity Name

**TUSCAN WAY, LLC**

Principal Place of Business

**2829 BIRD AVENUE  
PMB 242  
COCONUT GROVE FL 33133  
FL**

Mailing Address

**2829 BIRD AVENUE  
PMB 242  
COCONUT GROVE FL 33133  
FL**

2. Principal Place of Business

**9745 SW 72nd St.**

Suite, Apt. #, etc.

**Suite 104**

City & State

**~~Coconut Grove~~ Miami, FL**

Zip

**33173**

Country

**USA**

3. Mailing Address

**2829 Bird Ave.**

Suite, Apt. #, etc.

**Suite 5 PMB 242**

City & State

**Coconut Grove**

Zip

**33133**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-10873309**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DARRAH, IAN  
2829 BIRD AVENUE  
PMB 242  
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name

**Michael Perez**

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

**9745 Sunset Drive #105**

City

**Miami**

**FL**

Zip Code

**33173**

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

**Michael Perez**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/02**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **DARRAH, IAN**  
STREET ADDRESS **2829 BIRD AVE, PMB 242**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **MGRM** ☐ Delete  
NAME **INNOCENTI, ISABEL**  
STREET ADDRESS **2829 BIRD AVE, PMB 242**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

CR2E083 (9/01)

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 #

**4-28-02 305-598-8365**