7/3

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

07-30-2002 90001 048 ****50.00

DOCUMENT # L01000007146

1. Entity Name
MIAMI INVESTMENT ADVISORS, L.L.C.

Principal Place of Business
1101 BRICKELL ~~DRIVE~~ AVE
SUITE 800-SOUTH
MIAMI FL 33131

Mailing Address
1101 BRICKELL ~~DRIVE~~ AVE
SUITE 800-SOUTH
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-1137972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KOENIGSBERG, JAY, ESQ.
1101 BRICKELL ~~DRIVE~~ AVE
SUITE 800-SOUTH
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
MGRM KOENIGSBERG, JAY ESQ. 1101 BRICKELL DRIVE MIAMI FL 33131	☒
Hecht, Eric Manager 1101 Brickell Ave. Miami, FLA 33131	☐
	☐
	☐
	☐
	☐

10. ADDITIONS/CHANGES

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

CR2E083 (4/02)

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: X SIGNATURE REQUIRED Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #