

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

04-17-2002 90019 049 ****55.00

DOCUMENT # L01000007412
1. Entity Name
 HIALEAH INJURY, LLC

Principal Place of Business
 182 E. 49TH STREET
 HIALEAH FL 33013

Mailing Address
 182 E. 49TH STREET
 HIALEAH FL 33013

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 174 PARADISE CIRCLE
 Suite, Apt. #, etc.

City & State
 JUPITER, FL

Zip
 33458

Country
 Palm Beach

510596



DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1102442

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LANDA, MARIA
 4640 NW 102 ST.
 MIAMI FL 33178

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.

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: JACOB T. MARUCCI 5/10/02 8004906543

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

CR20083 (9/01)