

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2002 90093 038 ****55.00

DOCUMENT # L01000Q09635

1. Entity Name

BRADALESA LLC

Principal Place of Business

**5445 COLLINS AVE. NO.85
 MIAMI BEACH FL 33140**

Mailing Address

**5445 COLLINS AVE. NO.85
 MIAMI BEACH FL 33140**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

20680 NE 4th CT

Apt # 102

MIAMI

33179

FL

4. FEI Number

65-1114529

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DERRINI, DANIEL O
 5445 COLLINS AVE. NO.85
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

FERRINI, DANIEL O

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

20680 NE 4th CT Apt #102

City

FL

Zip Code
33179

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

04-08-2002

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

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 FERRINI, DANIEL O
 5445 COLLINS AVE. NO.85
 MIAMI BEACH FL 33140** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 FRANCESE, ADRIANA
 5445 COLLINS AVE. NO.85
 MIAMI BEACH FL 33140** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 FERRINI DANIEL O
 20680 NE 4th CT Apt #102
 MIAMI - FL - 33179** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 FRANCESE, ADRIANA
 20680 NE 4th CT Apt #102
 MIAMI-FL-33179** ☐ Change ☐ Addition

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

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

TITLE
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☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DANIEL FERRINI

04-08-2002

306-473-9690

Date

Daytime Phone #

CR2E083 (9/01)