

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90227 019 ****50.00

DOCUMENT # L01000010140

1. Entity Name

FRECH & DANIELS INVESTORS, L.L.C.

Principal Place of Business

**3191 CORAL WAY, SUITE 617
 MIAMI FL 33145**

Mailing Address

**3191 CORAL WAY, SUITE 617
 MIAMI FL 33145**

2. Principal Place of Business

3191 SW Coral Way

Suite, Apt. #, etc.

617

City & State

Florida

Zip

33145-3222

Country

USA

3. Mailing Address

3191 SW Coral Way

Suite, Apt. #, etc.

617

City & State

Florida

Zip

33145-3222

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1121895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WALROTH-SADURNI, STEPHEN P
 ESPIRITO SANTO BANK TOWER
 999 BRICKELL AVENUE, SUITE 700
 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.

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

TITLE **MGRM** ☐ Delete
 NAME **FRECH, EDUARDO JOSE**
 STREET ADDRESS **101 CRANDON BLVD., APT 274**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **MGRM** ☐ Delete
 NAME **DANIEL, LUIS**
 STREET ADDRESS **9950 EAST BAY HARBOR DRIVE**
 CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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

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

04/10/02

(305) 867-5335

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

Date

Daytime Phone #

CR2E083 (9/01)