

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90579 012 ****50.00

DOCUMENT # L01000010640

1. Entity Name
 UIRT GP, L.L.C.

Principal Place of Business

5847 SAN FELIPE
 SUITE 850
 HOUSTON TX 77057-3008

Mailing Address

5847 SAN FELIPE
 SUITE 850
 HOUSTON TX 77057-3008

2. Principal Place of Business

1696 NE MIAMI Gdns DR
 Suite, Apt. #, etc.

3. Mailing Address

1696 NE MIAMI Gdns DR
 Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL
 Zip 33179 Country

City & State

NORTH MIAMI BEACH, FL
 Zip 33179 Country

4. FEI Number

76-0693531

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
 103 N. MERIDIAN ST. LOWER LEVEL
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name MARCUS, ALAN J
 Street Address (P.O. Box Number is Not Acceptable) 20603 BISCAYNE BLVD
 SUITE #301
 City AVENTURA FL Zip Code 33180

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/22/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/S/D KATZMAN, CHAIM
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP/D VALEAD, DORON
STREET ADDRESS	1696 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

4/22/02 305-672-1234

CR2E083 (9/01)