A Amended & 2002 UNIFORM BUSINESS REPORT (UBR)

502151911443 05;20-2002 90210 004 **** 50.00 L01000011963

1. Entity N	ROPIC, LLC				27 AM 9: 42	
Principal Pl	lace of Business	S. S. Miller S. B. and Allers Aug.		SECHE I	ARY OF STATE SSEE, FLORIDA	
601 BRICKE	LL KEY DRIVE	Mailing Address 601 BRICKELL KEY DRIV		17		
STE. 802 MIAMI FL 33	~	STE. 802 MIAMI FL 33131	VE			
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2. Principal	Place of Business	3. Mailing Address				
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.)
City & Sta				I DO NOT	WRITE IN THIS SPACE	
City or an	ale	City & State		38-3648	001	Applied For
.Zip	Country	Zip	Country	5. Certificate of Status Desir	\$5.00	Not Applicable Additional
	6. Name and Address of Curren	it Registered Agent			Fee Requ	ired
			Name	7. Name and Address of No	ew Registered Agent	
VAZQUEZ, GERARDO A 601 BRICKELL KEY DRIVE			Street Address (P.O. Box Number is Not Acceptable)			······
	E. 802 AMI FL 33131		-			
mmami PL 33131		City	<u></u>	Zip Co		
3. The above	e named entity submits this statement for	Or the purpose of changing it.	In registers of efficient			
SIGNATURE	Signature, typed or printed name of registered agent	FILE N	TE: Registered Agent signature requi	0	DATE	
	Signature, typed or printed name of registered agent	FILE No Make Check Pa Du	TE: Registared Agent signature requirements in the control of the	0	DATE	
).	Signeture, typed or printed name of registered agent MANAGING MEMBE	FILE No Make Check Pa Du	TE: Registered Agent signature requirements in the control of the	0 of State	date NS/CHANGES	
D. TITLE	Signature, typod or printed name of registered agent MANAGING MEMBE MGRM MALDONADO, IGNACIO	FILE No Make Check Pa Du	TE: Registared Agent signature requirements in the control of the	0 of State		☐ Addition
). Tle Ame Freet Address	MANAGING MEMBE MANAGING MEMBE MANAGING MEMBE MALDONADO, IGNACIO 601 BRICKELL KEY DRIVE	FILE No Make Check Pa Du	TE: Registered Agent signature requirements in the control of the	0 of State	NS/CHANGES	☐ Addition
P. ITLE IAME ITREET ADDRESS ITY-ST-ZIP	Signature, typod or printed name of registered agent MANAGING MEMBE MGRM MALDONADO, IGNACIO	FILE No Make Check Part Du Part Part Part Part Part Part Part Part	TE: Aegistared Agent signature requirements are By May 1, 2002 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 of State	NS/CHANGES ☐ Change	
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SIGNATURE:	<u> COMATURE</u>	REQUIRED

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

Date

Daytime Phone è