

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90160 026 \*\*\*\*50.00

**DOCUMENT # L01000013325**

1. Entity Name  
**CDO GROUP, L.L.C.**

Principal Place of Business

11111 BISCAYNE BLVD.  
 TOWER II, APT. 1221  
 MIAMI FL 33181

Mailing Address

11111 BISCAYNE BLVD.  
 TOWER II, APT. 1221  
 MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**150 SE 2ND AVENUE**

Suite, Apt. #, etc.

**SUITE #1200**

City & State

**MIAMI, FL**

Zip  
**33131**

Country  
**US**

3. Mailing Address

**150 SE 2ND AVENUE**

Suite, Apt. #, etc.

**SUITE #1200**

City & State

**MIAMI, FL**

Zip  
**33131**

Country  
**US**

4. FEI Number

**65-1126365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**NOEL, BEATRICE M**  
**11111 BISCAYNE BLVD.**  
**TOWER II, APT. 1221**  
**MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

**BORIS ROSEN**

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

**150 SE 2ND AVENUE, SUITE #1200**

City

**MIAMI,**

**FL**

Zip Code  
**33131**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER</b> <b>BEATRICE M. NOEL</b> <b>11111 BISCAYNE BLVD., TOWER II, #1221</b> <b>MIAMI, FL 33181</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING DIRECTOR</b> <b>JUAN JOSE CHEKIRDIMIAN</b> <b>150 SE 2ND AVENUE, SUITE #1200</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING DIRECTOR</b> <b>JUAN PABLO CHEKIRDIMIAN</b> <b>150 SE 2ND AVENUE, SUITE #1200</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JJC**

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

Date

Daytime Phone #

CR2E083 (9/01)