

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0011454

DOCUMENT # L01000013541

1. Entity Name

SUPERIOR DEVELOPMENT IV, LLC

04-03-2002 90023 011 *****50.00

Principal Place of Business

**3000 N.W. 109TH AVE., STE. 200
 MIAMI FL 33172**

Mailing Address

**3000 N.W. 109TH AVE., STE. 200
 MIAMI FL 33172**

2. Principal Place of Business

3000 NW 109 Avenue

3. Mailing Address

3000 NW 109 Avenue

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami Florida

City & State

Miami FL 33172

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-1130060

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HABER, ROBERT M ESQ.
 FREEMAN, BUTTERMAN, HABER & ROJAS, LLP
 520 BRICKELL KEY DR., STE. 0-305
 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]

03-26-02

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	MGR VARGAS, GLORIA	<input type="checkbox"/> Delete
STREET ADDRESS	3000 N.W. 109TH AVE., STE. 200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE NAME	MGR SOLER, JUAN CARLOS	<input type="checkbox"/> Delete
STREET ADDRESS	3000 N.W. 109TH AVE., STE. 200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03-26-02 (3W) 191-0021

CR2083 (9/01)