2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State
04-16-2002 90070 011 ****50.00

94302

DOCUMENT # L01000013654

1. Entity Name
WATERFORD BUILDERS II, LLC.

Principal Place of Business	Mailing Address
3610 YACHT CLUB DRIVE SUITE 1016 AVENTURA FL 33180	3610 YACHT CLUB DRIVE SUITE 1016 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1651 NE 115 st	1651 NE 115 st
Suite, Apt #, etc. SUITE 6C	Suite, Apt. #, etc. SUITE 6C
City & State N. MIAMI, FLORIDA	City & State N. MIAMI, FLORIDA
Zip 33181 Country U.S.A	Zip 33181 Country U.S.A

4. FEI Number 75-2973319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDES, JOSE R 3610 YACHT CLUB DRIVE SUITE 1016 AVENTURA FL 33180	Name ~~JOSE R. FERNANDES~~ Street Address (P.O. Box Number is Not Acceptable) 1651 NE 115 st - suite 6C City N. MIAMI FL Zip Code 33181

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 ______________________ 4-2-02
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER NATHALIA J. BITTAR 1651 NE 115 st - Suite 6C N. MIAMI, FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER JOSE R. FERNANDES 1651 NE 115 st - suite 6C N. MIAMI, FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: ______________________ 4-2-02 305 4506256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #