

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013848

1. Entity Name

CRHEAR LLC

Principal Place of Business

241 SEVILLA AVENUE, SUITE 805  
CORAL GABLES FL 33134

Mailing Address

241 SEVILLA AVENUE, SUITE 805  
CORAL GABLES FL 33134

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 20 AM 9:48



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

95 Merrick Way  
Suite 440  
Coral Gables, FL

3. Mailing Address

95 Merrick Way  
Suite, Apt. #, etc.  
Ste. 440  
Coral Gables, FL

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

06-1628215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS F JR.  
241 SEVILLA AVENUE, SUITE 805  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

95 Merrick Way  
Suite 440

City

Coral Gables

FL

Zip Code

33134

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

200005574352--8

-05/20/02--01046--005

\*\*\*\*\*350.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CASTILLA, R. MARTIN  
241 SEVILLA AVENUE, SUITE 805  
CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CASTILLA, M. CAROLINA  
241 SEVILLA AVENUE, SUITE 805  
CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
95 Merrick Way Ste. 440  
Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
95 Merrick Way Ste. 440  
Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

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

Date

Daytime Phone #

4/22/02

(305) 446-0100

CR2E083 (9/01)