

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000014237**

1. Entity Name

CITYBROKERS, L.L.C.**FILED**
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90027 043 ****50.00

938608

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2875 NE 191ST STREET
TURNBERRY PLAZA, SUITE 801
AVENTURA FL 33180**

Mailing Address

**2875 NE 191ST STREET
TURNBERRY PLAZA, SUITE 801
AVENTURA FL 33180**

2. Principal Place of Business

2875 N.E. 191ST STREET

Suite, Apt. #, etc.

SUITE 901A?

City & State

AVENTURA FLORIDA

Zip

33180

Country

U.S.A.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1136076

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SERBER, DANIEL J
2875 NE 191ST STREET
TURNBERRY PLAZA, SUITE 801
AVENTURA FL 33180**

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, 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	BROKER MEMBER <input type="checkbox"/> Delete
NAME	JOHN PRIBIL
STREET ADDRESS	20355 N.E. 34 CT. #224
CITY-ST-ZIP	AVENTURA, FLORIDA 33180

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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

Date

Daytime Phone #

CR2E083 (9/01)