

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90958 004 *****50.00

DOCUMENT # L01000015377

1. Entity Name

NICO DEVELOPER, L.L.C.

Principal Place of Business

**536 BILTMORE WAY
 CORAL GABLES FL 33134**

Mailing Address

**536 BILTMORE WAY
 CORAL GABLES FL 33134**

2. Principal Place of Business

1135-97th Street

Suite, Apt. #, etc.

Unit 5

City & State

Bay Harbor Islands, FL

Zip

33154

Country

U.S.A.

3. Mailing Address

MCO: 593, 4440 NW 73 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1137807

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ORTIZ, ROBERTO ESQ.
 536 BILTMORE WAY
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Andrew Cuevas, Esq.

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

536 Biltmore Way

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

Andrew Cuevas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/12

**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

**MGRM
 GUTIERREZ, ANTONIO
 536 BILTMORE WAY
 CORAL GABLES FL 33134**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 Gutierrez, Antonio
 1135-97th St., Unit 5
 Bay Harbor Islands, Florida 33154**

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 REQUIRED

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

3/25/12 (205) 461-9500

Date

Daytime Phone #

CR2E083 (9/01)

000727