

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90226 020 \*\*\*\*50.00

**DOCUMENT # L01000015490**

1. Entity Name

**UNIFOLK LLC**

Principal Place of Business

**1160 KANE CONCOURSE, STE. 301  
 BAY HARBOR ISLAND FL 33154**

Mailing Address

**1160 KANE CONCOURSE, STE. 301  
 BAY HARBOR ISLAND FL 33154**

**966981**

2. Principal Place of Business

**6915 Red Rd Ste 205**

Suite, Apt. #, etc.

3. Mailing Address

**6915 Red Rd Ste 205**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Coconut Groves, FL**

City & State

**Coconut Groves, FL**

4. FEI Number

**65-1137514**

Applied For

Not Applicable

Zip

**33134**

Country

Zip

**33134**

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145**

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 **MGR** ☐ Delete  
 NAME **LARRAUX, FELIPE**  
 STREET ADDRESS **1160 KANE CONCOURSE, STE. 301**  
 CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☒ Addition  
 NAME **SECRETARY**  
 STREET ADDRESS **MICHELLE LARRAUX**  
 CITY-ST-ZIP **1160 KANE CONCOURSE STE 301**  
**BAY HARBOR ISLAND, FL 33154**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 REQUIRED**

**4-11-02**

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

Date

Daytime Phone #

CR2E083 (9/01)