

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000016104**

1. Entity Name

3466 ASSOCIATES, LLC

Principal Place of Business

**100 S.E. 2ND STREET
SUITE 3950
MIAMI FL 33131**

Mailing Address

**100 S.E. 2ND STREET
SUITE 3950
MIAMI FL 33131**

2. Principal Place of Business

56 NE 40th St.

3. Mailing Address

56 NE 40th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33137

City & State

MIAMI, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

65 1140656

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET
SUITE 3950
MIAMI FL 33131**

7. Name and Address of New Registered Agent

STEVE RHODES

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

56 NE 40th St.

City

MIAMI FL 33137 FL

Zip Code

33137

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.

STEVE RHODES

MANAGING MEMBER

(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
NAME
STREET ADDRESS
CITY-ST-ZIP

**MANAGING MEMBER
STEVE RHODES
56 NE 40th St.
MIAMI FL 33137**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 of 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

Date

Daytime Phone #

4/25/02 (205) 799-1407

FILED
May 30, 2002 8:00 am
Secretary of State

05-07-2002 90386 038 ****55.00



DO NOT WRITE IN THIS SPACE

CH2E083 (9/01)