

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90279 026 \*\*\*\*\*50.00

**DOCUMENT # L01000016247**

1. Entity Name

**PLAYPEN SOUTH, LLC**

Principal Place of Business

**23101 SOUTH DIXIE HIGHWAY  
 MIAMI FL 33170**

Mailing Address

**23101 SOUTH DIXIE HIGHWAY  
 MIAMI FL 33170**

**906619**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-113-9043**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ-MEDINA, ROLAND JR. ESQ  
 201 SOUTH BISCAYNE BLVD.  
 SUITE 2200  
 MIAMI FL 33131**

Name **Teddy L. Montoto, Esq.**

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

**7721 SW 62nd Avenue, 1st Floor**

City

**South Miami**

**FL**

Zip Code

**33143**

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

**TEDDY L. MONTOTO, ESQ. REGISTERED AGENT** **1-09-02**

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

10. ADDITIONS/CHANGES

TITLE **Director** ☐ Delete  
 NAME **Nick L. Just**  
 STREET ADDRESS **23101 S. Dixie Hwy**  
 CITY-ST-ZIP **Miami, FL 33170**

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

TITLE **Director** ☐ Delete  
 NAME **Paul Perito**  
 STREET ADDRESS **23101 S. Dixie Hwy**  
 CITY-ST-ZIP **Miami, FL 33170**

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

TITLE ☐ Delete  
 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**

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

Date

Daytime Phone #

**1/9/02 305-258-4447**

CR2E083 (9/01)