

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000016530**

1. Entity Name

LA SQUADRA, LLC

Principal Place of Business

**753 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

Mailing Address

**753 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1142139

Applied For

Not Applicable

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

**SERFATY, CHARLES S ESQ.
4330 SHERIDAN STREET, SUITE 202-B
HOLLYWOOD FL 33021**

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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR AMAR, STEPHANE 753 WASHINGTON AVENUE MIAMI BEACH FL 33139	<input type="checkbox"/>		
MGR MEDALSY, JEAN-CLAUDE 753 WASHINGTON AVENUE MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>		
MGR MEDALSY, STEVEN 753 WASHINGTON AVENUE MIAMI BEACH FL 33139	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: **Stephan Amar**

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

**04/26/02 305538
3775**

Daytime Phone #

05-08-2002 90143 022 *****50.00
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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