

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

004068

05-07-2002 90373 022 ****50.00

DOCUMENT # L01000Q16634

1. Entity Name
2214 LLC

Principal Place of Business

C/O SAGAMORE HILL
 2 GREENWICH OFFICE PLACE
 GREENWICH CT 06831

Mailing Address

C/O SAGAMORE HILL
 2 GREENWICH OFFICE PLACE
 GREENWICH CT 06831

7601 E. TREASURE DR.

2. Principal Place of Business

2214 North Miami AVE

3. Mailing Address

DAVID VARDI 2214 LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

N. Bay Village

4. FEI Number

EW 26-009992

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD., STE. 508
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name: **DAVID VARDI**
 Street Address (P.O. Box Number is Not Acceptable): **7601 E. TREASURE DR.**
APT. 1810
 City: **N. Bay Village FL** Zip Code: **33141**

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: *David Vardi* **DAVID VARDI** **4/10/02**
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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|---------------------------------|--------------------------------|--|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | | MANAGING MEMBER | |
| | | DAVID VARDI | |
| | | 7601 E TREASURE DR. | |
| | | N. Bay Village FL 33141 | |
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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: *DAVID VARDI* **DAVID VARDI** **4/10/02** **(305) 865 6160**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (9/01)