

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-16-2002 90245 043 ****50.00

DOCUMENT # L01000017976

1. Entity Name

EXECUTIVE PLANNING, LLC

Principal Place of Business

3300 N.E. 192ND STREET
 SUITE 1715
 AVENTURA FL 33180

Mailing Address

3300 N.E. 192ND STREET
 SUITE 1715
 AVENTURA FL 33180

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1147261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRISALES & ALFANO, LLC
 801 BRICKELL AVE. SUITE 220
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Claudia Moreno
 Street Address (P.O. Box Number is Not Acceptable): 999 Brickell Avenue, Suite 700
 City: Miami FL Zip Code: 33131

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

Claudia Moreno

Signature, typed or printed name of registered agent and fee 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: MGRM ☐ Delete
 NAME: MORENO, CLAUDIA P
 STREET ADDRESS: 3300 N.E. 192ND STREET
 CITY-ST-ZIP: AVENTURA FL 33180

TITLE: ☐ Delete
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10. ADDITIONS / CHANGES

TITLE: ☐ Change ☐ Addition

NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 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:

Claudia Moreno

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

01/10/2002 305 336 8201

Date

Daytime Phone #

CP2E083 (9/01)