

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019198

1. Entity Name

NORTH MIAMI INJURY, LLC ✓

Principal Place of Business

174 PARADISE CIRCLE  
JUPITER FL 33458

Mailing Address

174 PARADISE CIRCLE  
JUPITER FL 33458

2. Principal Place of Business

111 NW 183rd STREET

3. Mailing Address

Suite, Apt. #, etc.

SUITE 300

City & State

N. MIAMI, FL

City & State

Zip

33169

Country

DADE

Zip

Country

4. FEI Number

65-1151986

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARUCCI, JASON T  
174 PARADISE CIRCLE  
JUPITER FL 33458

7. Name and Address of New Registered Agent

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

*Jason T. Marucci*  
Signature, typed or printed name of registered agent and title if applicable.

JASON T. MARUCCI  
(NOTE: Registered Agent signature required when reinstating)

2/10/02

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

☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Jason T. Marucci*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90210 046 \*\*\*\*55.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

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