

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90100 008 *****50.00

DOCUMENT # L01000020503

1. Entity Name

THE LAW OFFICE OF WARREN R. TRAZENFELD, P.L.C.



Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD., STE. 1870
MIAMI FL 33131

200 S. BISCAYNE BLVD., STE. 1870
MIAMI FL 33131

40014593

2. Principal Place of Business

3. Mailing Address

3225 Aviation Ave

3225 Aviation Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

600

600

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33133

USA

33133

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0555663

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

TRAZENFELD, WARREN R
200 S. BISCAYNE BLVD., STE. 1870
MIAMI FL 33131

Name
Warren R. Trazenfeld
Street Address (P.O. Box Number is Not Acceptable)
3225 Aviation Avenue
Suite 600
City
Miami FL Zip Code
33133

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TRAZENFELD, WARREN R
200 S BISCAYNE BLVD #1870
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Warren R. Trazenfeld
3225 Aviation Ave, Suite 600
Miami, FL 33133 ☒ Change ☐ Addition

TITLE
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☐ Delete

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☐ 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:

SIGNATURE REQUIRED

1/16/02

305-860-1100

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

Date

Daytime Phone #

CR2E083 (10/02)