

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90319 014 \*\*\*\*50.00

**DOCUMENT # L01000020659**

1. Entity Name

**RATMIROFF & COMPANY, LLC**



Principal Place of Business

**3750 NW 114 AVE. #6  
MIAMI FL 33178**

Mailing Address

**3750 NW 114 AVE. #6  
MIAMI FL 33178**

20012537

2. Principal Place of Business

**Ratmiroff & Co, LLC**  
Suite, Apt. #, etc. **#6**

3. Mailing Address

**3750 NW 114 AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

Zip

**33178**

Country

**U.S.A.**

Country

4. FEI Number

**65-1156399**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RATMIROFF, ALFREDO  
3750 NW 114 AVE. #2  
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **Ratmiroff Alfredo**

Street Address (P.O. Box Number is Not Acceptable)

**3750 NW 114 AV #6**

City

**MIAMI**

FL

Zip Code

**33178**

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	<b>MGRM RATMIROFF, ALFREDO 410 JEFFERSON DR. #305 DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RATMIROFF, IVONNE 6097 BALBOA CIRCLE BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RATMIROFF, JOANNA 6881 N GRANDE DRIVE BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (10/02)

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**

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

**1/14/03**

Date

Daytime Phone #