

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

DOCUMENT # L02000005028

1. Entity Name

FLORIDA HAWK MANAGEMENT, LLC



Principal Place of Business

**100 S.E. SECOND STREET, 17TH FLOOR
C/O JOHN C. STRICKROOT, ESQ.
MIAMI**

Mailing Address

**100 S.E. SECOND STREET, 17TH FLOOR
C/O JOHN C. STRICKROOT, ESQ.
MIAMI**

2. Principal Place of Business

201 S. Biscayne Blvd.

3. Mailing Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

34th Floor

Suite, Apt. #, etc.

34th Floor

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

33131

Country

4. FEI Number

45-0476461

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

**STRICKROOT, JOHN C ESQ.
100 S.E. 2ND STREET 17TH FLOOR
MIAMI FL 33131**

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

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

Febe 27, 2003
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
RIZZON, MARCOS A.
8817 Hammock Lake Drive
Coral Gables, FL 33156**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
CISNEROS DE RIZZON, MARISA B.
8817 Hammock Lake Drive
Coral Gables, FL 33156**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Marcos A. Rizzon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Marcos A. Rizzon, Managing Member

3/10/03
Date

(305) 926-6413
Phone Number

CR2E083 (10/02)