

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

4/31

04-30-2003 90182 019 ****50.00

DOCUMENT # L02000015960

1. Entity Name

FIRST CHOICE MANAGEMENT, L.L.C.



Principal Place of Business

Mailing Address

C/O RICHARD J. ALAN CAHAN, ESQ.
5201 BLUE LAGOON DRIVE, STE. 100
MIAMI FL 33126

C/O RICHARD J. ALAN CAHAN, ESQ.
5201 BLUE LAGOON DRIVE, STE. 100
MIAMI FL 33126

44003320



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

300084436

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAHAN, RICHARD J ESQ
5201 BLUE LAGOON DRIVE, STE. 100
MIAMI FL 33126-2065

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 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 **MGR** ☒ Delete
NAME **ARUBA FIDUCIARY MANAGEMENT, AW**
STREET ADDRESS **ATC TRUSTEES (CURACAO) N.V. CHUCHUBIWEG-17**
CITY-ST-ZIP **CURACAO, NETHERLANDS-ANTIL**

TITLE ☒ Change ☐ Addition
NAME **Kevin Cammarata**
STREET ADDRESS **Manager**
CITY-ST-ZIP **10410 Jellico Avenue**
Granada Hills, CA 91344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **X**

SIGNATURE REQUIRED

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

4-15-03

(86) 773-9963

Date

Daytime Phone

CR2E083 (10/02)