

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90050 005 \*\*\*\*55.00

**DOCUMENT # L02000018699**

1. Entity Name

**P & V DEVELOPERS, LLC**



Principal Place of Business

**2307 S. DOUGLAS RD., STE. 500  
MIAMI FL 33145**

Mailing Address

**2307 S. DOUGLAS RD., STE. 500  
MIAMI FL 33145**

2. Principal Place of Business

**2307 S. Douglas Rd.**

3. Mailing Address

**2307 S. Douglas Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**500**

**500**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33145**

Country

**U.S.A**

Zip

**33145**

Country

**U.S.A**

4. FEI Number

**38-365 6140**

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

7. Name and Address of New Registered Agent

**MURAI, WALD, BIONDO & MORENO, P.A.  
900 INGRAHAM BLDG., 25 S.E.-2ND AVE.  
MIAMI FL 33131**

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 **President** ☐ Delete  
NAME **Topna Zing**  
STREET ADDRESS **2307 S. Douglas Rd. Suite 501**  
CITY-ST-ZIP **Miami, FL 33145**

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

TITLE **Vice President** ☐ Delete  
NAME **Wilson Alayo**  
STREET ADDRESS **2307 S. Douglas Rd. Suite 500**  
CITY-ST-ZIP **Miami, FL 33145**

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

TITLE **Secretary** ☐ Delete  
NAME **Wilson Alayo**  
STREET ADDRESS **2307 S. Douglas Rd. Suite 500**  
CITY-ST-ZIP **Miami, FL 33145**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Topna Zing** **SIGNATURE REQUIRED**

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

**1/22/03**

**(305) 446-2667**

Date

Daytime Phone #

CR2E083 (10/02)