

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90029 040 \*\*\*\*50.00

**DOCUMENT # L02000020588**

1. Entity Name

**MIAMI RESEARCH AND EDUCATION FOUNDATION, LLC**



Principal Place of Business

Mailing Address

**C/O DR. DAVID R. NATEMAN  
8900 NORTH KENDALL DRIVE  
MIAMI FL 33176**

**C/O DR. DAVID R. NATEMAN  
8900 NORTH KENDALL DRIVE  
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

**PO Box 16 3509**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

Zip

Country

**33116**

Country

**USA**

4. FEI Number

**30-01-00731**

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

**DEVINE GOODMAN PALLOT & WELLS, P.A.  
777 BRICKELL AVENUE, SUITE 980  
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 **MGRM** ☐ Delete  
NAME **David R Nateman**  
STREET ADDRESS **PO Box 16 3509**  
CITY-ST-ZIP **Miami FL 33116**

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

TITLE **MGRM** ☐ Delete  
NAME **Jonathan S Roberts**  
STREET ADDRESS **PO Box 16 3509**  
CITY-ST-ZIP **Miami FL 33116**

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  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

**SIGNATURE REQUIRED**

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

**1/29/03**

**305-270-9777**

Date

Daytime Phone #

CR2E083 (10/02)