

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90045 002 ***150.00

DOCUMENT # L02000023438

1. Entity Name

CHARLOTTE BRIDGE, LLC



Principal Place of Business

**1001 BRICKELL BAY DRIVE, SUITE 2600
MIAMI FL 33131**

Mailing Address

**1001 BRICKELL BAY DRIVE, SUITE 2600
MIAMI FL 33131**

2. Principal Place of Business

17600 Collins Avenue

3. Mailing Address

17600 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip **33160**

Country **USA**

Zip

33160

Country

USA

4. FEI Number

04-3718671

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

**GRISALES-RACINI, OSCAR ESQ.
1001 BRICKELL BAY DRIVE, SUITE 2600
MIAMI FL 33131**

Name

OSCAR GRISALES-RACINI, ESQ.

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

19550 Biscayne Blvd.

Suite 405

City

North Miami

FL

Zip Code

33181

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

03/21/2003

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **GOLDSTEIN, ANDRES**
CITY-ST-ZIP **1001 BRICKELL BAY DRIVE, SUITE 2600
MIAMI FL 33131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E083 (10/02)