

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-05-2003 92183 036 *****50.00
L02000030878

DOCUMENT # L02000030878

1. Entity Name
REFITE, LLC



FILED

03 MAY 27 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1000 BRICKELL AVE
SUITE 450
MIAMI FL 33131

Mailing Address
1000 BRICKELL AVE
SUITE 450
MIAMI FL 33131

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
3827 TURTLE RUN BLVD # 2627
Suite, Apt. #, etc.
City & State
CORAL SPRINGS FL
Zip
33067



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0774737

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
KOLLER, MARIE M
1000 BRICKELL AVE
SUITE 450
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
KOLLER, MARIE M
Street Address (P.O. Box Number is Not Acceptable)
3827 TURTLE RUN BLVD # 2627
City
CORAL SPRINGS FL
Zip Code
33067

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 KOLLER MARIE M DATE 4/25/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLLER, MARIE M		NAME	KOLLER, MARIE M	
STREET ADDRESS	1000 BRICKELL AVE SUITE 450		STREET ADDRESS	3827 TURTLE RUN BLVD # 2627	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REFITE, ENRIQUE A		NAME	REFITE, ENRIQUE A	
STREET ADDRESS	1000 BRICKELL AVE SUITE 450		STREET ADDRESS	3827 TURTLE RUN BLVD, # 2627	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: KOLLER MARIE M DATE 4/25/03 (352) 358-1575

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

CR2E083 (10/02)