

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/30/

FILED
Aug 18, 2003 8:00 am
Secretary of State

07-30-2003 90045 034 ****55.00

DOCUMENT # L02000033068

1. Entity Name

2130, LLC



Principal Place of Business

7118 BYRON AVENUE
MIAMI BEACH FL 33141

Mailing Address

7118 BYRON AVENUE
MIAMI BEACH FL 33141

55054326

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

SAME

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33141

Country

U.S.

Zip

33141

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUSI, DIANA
7118 BYRON AVENUE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SUSI, DIANA
STREET ADDRESS 1375 NORTH BISCAYNE POINT ROAD
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

TITLE *MGING MEMBER*
NAME *ROBERT D. EGORI*
STREET ADDRESS *7557 MUTINY DRIVE*
CITY-ST-ZIP *MIAMI BEACH, FL 33141* ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

(305)
7-13-03 864-7447

CP2E083 (4/03)