

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000175

1. Entity Name
ORAN ENTERPRISES, L.C.

FILED

01 JUN -5 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
555 N.W. 95TH STREET
MIAMI FL 33150

Mailing Address
555 N.W. 95TH STREET
MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0648860

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GASTESI, RAUL JR.
9130 SOUTH DADELAND BLVD. STE 1509
MIAMI FL 33156

Name
LISA E. MANN
Street Address (P.O. Box Number is Not Acceptable)
555 NW 95 Street
Miami FL
City FL Zip Code 33150

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.

SIGNATURE LISA E. Mann.
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature is required when reinstating)

DATE

April 02, 01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TIMINSKY, JOHN E
555 NW 95TH STREET
MIAMI FL 33150 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MANN-TIMINSKY, LISA
555 NW 95TH STREET
MIAMI FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300004423083-4
05/15/01-01089-015
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 608, Florida Statutes.

SIGNATURE: LISA E. MANN
Signature, typed or printed name of signing managing member, manager, or authorized representative

April 02, 01 305-757-5000
Date Daytime Phone #

0008633 AF

CR2E083 (11/00)