

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000430

1. Entity Name
4055, L.C.

FILED

00 FEB -3 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4055 N.W. 97TH AVENUE
MIAMI FL 33178

Mailing Address
4055 N.W. 97TH AVENUE
MIAMI FL 33178-2911



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0659623

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORRADINO, JOSEPH M
4055 N.W. 97TH AVENUE
MIAMI FL 33178

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MEM
NAME CORRADINO, JOSEPH M
STREET ADDRESS 275 BRYN MAWR AVE. APT. N-6
CITY-ST-ZIP BRYN MAWR PA 19010

TITLE Member
NAME Corradino, Joseph M.
STREET ADDRESS 12501 SW 72 Ave
CITY-ST-ZIP MIA FL 33156

TITLE MEM
NAME CORRADINO, JOSEPH C
STREET ADDRESS 200 S. 5TH ST. SUITE 300 N
CITY-ST-ZIP LOUISVILLE KY 40202

TITLE
NAME 800003125178--0
STREET ADDRESS -02/07/00--01015--018
CITY-ST-ZIP *****55.00 *****55.00

TITLE MEM
NAME CORRADINO, NICOLE A
STREET ADDRESS 1509 BEACH AVENUE
CITY-ST-ZIP CAPE MAY NJ 08204

TITLE MEM
NAME CORRADINO NICOLE A
STREET ADDRESS 1509 BEACH DR.
CITY-ST-ZIP CAPE MAY NJ 08204

TITLE MEM
NAME MCMORRAN, CARLA
STREET ADDRESS 5725 GREEN OAK
CITY-ST-ZIP LOS ANGELES CA 90068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM
NAME BOREN, BARRY M
STREET ADDRESS 9200 S. DADELAND BLVD. SUITE 412
CITY-ST-ZIP MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM
NAME JACOBSON, MARITZA
STREET ADDRESS 3250 GRANADA BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

01/31/00

(305) 594-0735