

# 2001 UNIFORM BUSINESS REPORT (UBR)

UBR  
AT

DOCUMENT # L96000000430

1. Entity Name  
4055, L.C.

FILED

01 APR -9 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 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 <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CORRADINO, JOSEPH M 2501 SW 72 AVENUE MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CORRADINO, JOSEPH C 200 S. 5TH ST. SUITE 300 N LOUISVILLE KY 40202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORRADINO, NICOLE A 1509 BEACH AVENUE CAPE MAY NJ 08204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MCMORRAN, CARLA 5725 GREEN OAK LOS ANGELES CA 90068 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BOREN, BARRY M 9200 S. DADELAND BLVD. SUITE 412 MIAMI FL 33156 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM JACOBSON, MARITZA 3250 GRANADA BLVD. CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GUY A. CORRADINO 2448 GLENMARY AVE. #4 LOUISVILLE, KY 40204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BURT DEUTSCH 9211 SEATON SPRINGS PKWY LOUISVILLE, KY 40222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DANIELLE M. CORRADINO 1505 SYLVAN CT LOUISVILLE, KY 40205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004009417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition -04/16/01--01013--010 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] **RECORD CONTROLLER** 4601 (502) 587-7221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)