

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 28 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000270

1. Entity Name  
CLARIDGE MANAGEMENT LC

Principal Place of Business C/O JURIS MAGISTER CORPORATE SERVICES 1221 BRICKELL AVENUE, SUITE 1100 MIAMI FL 33131	Mailing Address C/O JURIS MAGISTER CORPORATE SERVICES 1221 BRICKELL AVENUE, SUITE 1100 MIAMI FL 33131-3258
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0816254

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

AGRAMUNT, LUIS  
1221 BRICKELL AVENUE, SUITE 1100  
MIAMI FL 33131

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 NAME MGRM INTERVENTO INVESTMENTS LTD.  
STREET ADDRESS 1221 BRICKELL AVENUE, SUITE 1100  
CITY- ST- ZIP MIAMI FL 33131 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003249833--6  
CITY- ST- ZIP -05/11/00--01128--023

TITLE NAME MGRM STARCOVE LIMITED  
STREET ADDRESS 1221 BRICKELL AVENUE, SUITE 1100  
CITY- ST- ZIP MIAMI FL 33131 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 ☐ ☐ \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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

9-14-LND

35-373-5802

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

Date

Daytime Phone #