

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90082 036 \*\*\*\*50.00

**DOCUMENT # L98000000459**

1. Entity Name

**THE 2870 GROUP, L.L.C.** ✓

Principal Place of Business

**2870 PINETREE DRIVE  
 MIAMI BEACH FL 33140**

Mailing Address

**2870 PINETREE DRIVE  
 MIAMI BEACH FL 33140**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**62-1734850**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**VALLIER, ANN G  
 2870 PINETREE DRIVE  
 MIAMI BEACH FL 33140**

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	VALLIER, ANN G	2870 PINETREE DRIVE	MIAMI BEACH FL 33140	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	VALLIER, WILLIAM J	2870 PINETREE DRIVE	MIAMI BEACH FL 33140	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *William J Vallier* **WILLIAM J VALLIER 26 APR 02 305-674-6665**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRE083 (9/01)