

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90058 009 \*\*\*\*50.00

**DOCUMENT # L98000001577**

1. Entity Name

3510 HOLDINGS, L.C.

Principal Place of Business

4500 BISCAYNE BLVD., #350  
 MIAMI FL 33137

Mailing Address

4500 BISCAYNE BLVD., #350  
 MIAMI FL 33137

2. Principal Place of Business

2915 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE # 304

City & State

MIAMI FL

Zip

33137

Country

USA

3. Mailing Address

2915 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE # 304

City & State

MIAMI FL

Zip

33137

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0866582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BALZLI, MARK D ESQ.  
 407 LINCOLN ROAD, #4-E  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

JUD LARO

Street Address (P.O. Box Number is Not Acceptable)

2915 BISCAYNE BLVD

SUITE # 304

City

MIAMI

FL

Zip Code

33137

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

4/28/02

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
 NAME SCHIEHLE, TILDA  
 STREET ADDRESS 767 5TH AVENUE, 50TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10153 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE MGR  
 NAME JUD LARO  
 STREET ADDRESS 2915 BISCAYNE BLVD # 304  
 CITY-ST-ZIP MIAMI, FL 33137 ☐ Change ☒ Addition

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

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

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

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:

SIGNATURE REQUIRED

4/28/02

305-573-1626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)