

2001 UNIFORM BUSINESS REPORT (UBR)

0031572 AB

DOCUMENT # L98000002234

1. Entity Name

IDOM MIAMI, LLC

FILED

01 JAN 17 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

444 BRICKELL AVENUE, SUITE 535
MIAMI FL 33131

Mailing Address

ONE GATEWAY CENTER, 3RD FLOOR
NEWARK NJ 07102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3612544

Applied For

Not Applicable

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

RANIERE, VINCENT J

444 BRICKELL AVENUE, SUITE 800

MIAMI FL 33131

Name

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

100003567751--6

-01/23/01--01062--021

City

*****50. FL

*****50.00

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 RANIERE, VINCENT J ☐ Delete
STREET ADDRESS 444 BRICKELL AVENUE, SUITE 800
CITY-ST-ZIP MIAMI FL 33131

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

TITLE NAME MGRM CODIGNOTTO, STEPHEN ☐ Delete
STREET ADDRESS ONE GATEWAY CENTER, THIRD FLOOR
CITY-ST-ZIP NEWARK NJ 07102

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

TITLE NAME MGRM IDOM, INC. ☐ Delete
STREET ADDRESS ONE GATEWAY CENTER, THIRD FLOOR
CITY-ST-ZIP NEWARK NJ 07102

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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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:

Stephen Codignotto

Stephen Codignotto

MANAGING MEMBER & CEO

Date

Daytime Phone #

CR2E083 (11/00)