

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90056 029 ****50.00

DOCUMENT # L98000002234

1. Entity Name
IDOM MIAMI, LLC

Principal Place of Business
**444 BRICKELL AVENUE, SUITE 535
 MIAMI FL 33131**

Mailing Address
**ONE GATEWAY CENTER, 3RD FLOOR
 NEWARK NJ 07102**

930472



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE 800

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3612544**

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

**RANIERE, VINCENT J
 444 BRICKELL AVENUE, SUITE 800
 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RANIERE, VINCENT J	
STREET ADDRESS	444 BRICKELL AVENUE, SUITE 800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CODIGNOTTO, STEPHEN	
STREET ADDRESS	ONE GATEWAY CENTER, THIRD FLOOR	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	IDOM, INC.	
STREET ADDRESS	ONE GATEWAY CENTER, THIRD FLOOR	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 *Vincent A. Criscillo* **VINCENT A. CRISCILLO**
SIGNATURE REQUIRED **VICE PRESIDENT, CONTROLLER**

2/15/02

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

Date

Daytime Phone #

CP2E083 (9/01)