

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003221

1. Entity Name
SRA/AMERICAN, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 1:13

Principal Place of Business
5345 PINE TREE DRIVE
MIAMI BEACH FL 33140

Mailing Address
5345 PINE TREE DRIVE
MIAMI BEACH FL 33140-2143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0881767

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

GALLINAR, MICHAEL D
ADAMS, GALLINAR, IGLESIAS & MEYER, P.A.
1200 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

Name Clifford M. Stein, Esq.

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

5345 Pine Tree Dr

City Miami Beach FL Zip Code 33140

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

1/2/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME STEIN, CLIFFORD M
STREET ADDRESS 5345 PINE TREE DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE MGRM
NAME John L. Golds MGRM
STREET ADDRESS 5345 Pine Tree Dr
CITY-ST-ZIP Miami Beach FL 33140 ☐ Change ☒ Addition

TITLE MGRM
NAME FRANK, STEPHEN
STREET ADDRESS 2601 S. BAYSHORE DRIVE, 11TH FLOOR
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7000003189587-6
-03/30/00--01028--026
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DATE

Daytime Phone #

1/2/00

305-866-7546

CR2E083 (9/99)