

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90028 011 ****50.00

DOCUMENT #

1. Entity Name

L98000003221 ✓

SRA/American, LLC

Principal Place of Business

Mailing Address

5345 Pine Tree Drive
 Miami Beach, FL 33140

1200 BRICKELL AVE. SUITE 900
 C/O AGI REGISTERED AGENTS INC.
 MIAMI FL 33131

938939



DO NOT WRITE IN THIS SPACE

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

680881767

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

AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVE. SUITE 900
 MIAMI FL 33131

Clifford M. Stein
 5345 Pine Tree Drive
 Miami Beach, FL 33140

Name

Clifford Stein

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

4/2/02

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

Clifford M. Stein
 MGRM
 5345 Pine Tree Drive
 Miami Beach, FL 33140

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Stephen Frank
 MGRM
 2601 So. Bayshore Drive 11th Floor
 Coconut Grove, FL 33133

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Joanna Golden
 MEM
 5345 Pine Tree Drive
 Miami Beach, FL 33140

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☐ 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:

X [Signature]

4/2/02

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

Date

Daytime Phone #