

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90131 010 ****50.00

DOCUMENT # L990000000016

1. Entity Name

VERIFIER SOUTHEAST, LLC

Principal Place of Business

**16350 NW 15TH AVENUE
MIAMI FL 33169**

Mailing Address

**16350 NW 15TH AVENUE
MIAMI FL 33169**

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 **65-0891273**

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

**IRVING, TOM
595 BAY ISLES PARKWAY, SUITE 200
LONGBOAT KEY FL 34228**

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 NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR IRVING, TOM 595 BAY ISLES PARKWAY, SUITE 200 LONGBOAT KEY FL 34228		<input type="checkbox"/> Delete		
MEM BUFFETT, TOM 595 BAY ISLES RD., #200 LONGBOAT KEY FL 34228		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MEM ANDREWS, STEVE 16350 NW 15TH AVENUE MIAMI FL 33169		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MEM SMITH, DOUG 595 BAY ISLES RD., #200 LONGBOAT KEY FL 34228		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
MEM RAMA, STEVE 595 BAY ISLES RD., #200 LONGBOAT KEY FL 34228		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/02 (941) 387-7011

CR2E083 (9/01)