

2001 UNIFORM BUSINESS REPORT (UBR)

0009492 AF

DOCUMENT # L99000000421

1. Entity Name
SALAS, EDE, PETERSON & LAGE, L.L.C.

FILED

01 JUN 13 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6361 S.W. 72 STREET
MIAMI FL 33143

Mailing Address
6361 S.W. 72 STREET
MIAMI FL 33143

2. Principal Place of Business
6333 S.W. 72 St.

3. Mailing Address
6333 S.W. 72 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
South Miami, FL.

City & State
South Miami, FL.

4. FEI Number 65-0889578

Applied For
Not Applicable

Zip
33143

Country
Miami-Dade

Zip
33143

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

CORPORATE ACCESS, INC.
1116-D THOMASVILLE RD.
TALLAHASSEE FL 32303

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

6333 S.W. 72 St.

City
MIAMI

FL Zip Code 33143

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

(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 MGR
NAME LAGE, GUSTAVO
STREET ADDRESS 6333 S.W. 72 STREET 6333 Sunset Drive
CITY-ST-ZIP MIAMI FL 33143 33143 ☐ Delete

TITLE Member
NAME Henry Salas, Esq.
STREET ADDRESS 6333 Sunset Drive
CITY-ST-ZIP South Miami, FL 33143 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Member
NAME Douglas Ede, Esq.
STREET ADDRESS 6333 Sunset Drive
CITY-ST-ZIP South Miami, FL 33143 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Member
NAME Michael Peterson, Esq.
STREET ADDRESS 6333 Sunset Drive
CITY-ST-ZIP South Miami, FL 33143 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: X

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

Date

Daytime Phone #

CR2E083 (11/00)