

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000000546

1. Entity Name

PIERO SALUSSOLIA PROPERTIES MANAGEMENT L.C.

Principal Place of Business

200 SOUTH BISCAYNE BLVD., SUITE 4815
MIAMI FL 33131

Mailing Address

200 SOUTH BISCAYNE BLVD., SUITE 4815
MIAMI FL 33131-2303

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

65-0891751

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

SALUSSOLIA, PIERO

200 SOUTH BISCAYNE BLVD., SUITE 4815
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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Delete
STREET ADDRESS SALUSSOLIA, PIERO
CITY-ST-ZIP 200 SOUTH BISCAYNE BLVD., SUITE 4815
MIAMI FL 33131

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

TITLE NAME MGR ☐ Delete
STREET ADDRESS KORBOS, CECILIA
CITY-ST-ZIP 200 SOUTH BISCAYNE BLVD., SUITE 4815
MIAMI FL 33131

TITLE NAME MGR ☒ Change ☐ Addition
STREET ADDRESS CATTANEO, ALESSIA
CITY-ST-ZIP 200 SOUTH BISCAYNE BLVD., SUITE 4815
MIAMI, FL 33131

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003264872--5
CITY-ST-ZIP -05/24/00--01042--030

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

04/27/00 (305) 373-7016

CR2E083 (9/99)