

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90079 009 ****50.00

DOCUMENT # L99000000891

1. Entity Name

CAYMAN ARTS, L.L.C.

Principal Place of Business

**2510 N.W. 97 AVENUE
 SUITE 140
 MIAMI FL 33172**

Mailing Address

**P.O. BOX 30117SM8
 GRAND CAYMAN, CAYMAN ISLANDS**

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

52-2150046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LOREDO, JOSE A
 100 SOUTH EAST, SUITE 4000
 MIAMI FL 33131-9101**

7. Name and Address of New Registered Agent

Name

CFRA, LLC

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

One Harbour Place, 5th floor

777 S. Harbour Island Blvd.

City

Tampa

FL

Zip Code

33602

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 **Jose A. Loreda, Shareholder**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **MCCALLUM, TOM**
 STREET ADDRESS **GRAND PAVILLION COMMERICAL, CTR 7 MILE BCH**
 CITY-ST-ZIP **GRAND CAYMAN BWI**

TITLE **MGRM** ☒ Delete
 NAME **BARENBAUM, IVAN**
 STREET ADDRESS **GRAND PAVILLION COMMERICAL, CTR 7 MILE BCH**
 CITY-ST-ZIP **GRAND CAYMAN BWI**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **~~MGRM~~** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **GREG OSTROFF**
 STREET ADDRESS **2510 NW 97th Avenue, Suite 140**
 CITY-ST-ZIP **MIAMI, FL 33171**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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 REQUIRED

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

Date

Daytime Phone #

29th March 2002 (345) 945-5656

CR2E083 (9/01)