

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001200

1. Entity Name

UMBRELLA CAPITAL, L.L.C.

Principal Place of Business

2950 SW 27TH AVENUE
SUITE 110
COCONUT GROVE FL 33133

Mailing Address

2950 SW 27TH AVENUE
SUITE 110
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

515 EAST LAS OLAS BULD

3. Mailing Address

515 EAST LAS OLAS BULD.

Suite, Apt. #, etc.

STE. 1020

Suite, Apt. #, etc.

STE. 1020

City & State

FORT LAUDERDALE, FLORIDA

City & State

FORT LAUDERDALE, FLORIDA

4. FEI Number

65-0906656

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33301

Country

USA

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

BULMAN, RICHARD C JR

C/O KIRKPATRICK & LOCKHART LLP 888 BRICKELL KEY DRIVE

201 S BISCAYNE BLVD 20TH FLOOR NO. 904

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.

(NOT: 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 ☐ Delete
NAME HARDY, REGINALD
STREET ADDRESS 2950 SW 27TH AVENUE SUITE 110
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 515 EAST LAS OLAS BULD., STE 1020
CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33301

TITLE MGR ☐ Delete
NAME OLEJNIK, VLADISLAV
STREET ADDRESS 100 EUROPA DR SUITE 100
CITY-ST-ZIP CHAPEL HILL NC 27514

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 515 EAST LAS OLAS BULD., STE. 1020
CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800004271558--3
-05/18/01--01097--005
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

4/26/01

(954) 765-3480

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

Date

Daytime Phone #

CR2E083 (11/00)