

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001424

1. Entity Name

PROVISIONAL INVESTMENTS LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

Principal Place of Business
3550 Biscayne Boulevard
Suite 408
Miami, Florida 33127

Mailing Address
3550 Biscayne Boulevard
Suite 408
Miami, Florida 33127

2. Principal Place of Business
3550 Biscayne Boulevard
Suite, Apt. #, etc.
Suite 401

3. Mailing Address
3550 Biscayne Boulevard
Suite, Apt. #, etc.
Suite 401

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33127

Country
Miami-Dade

Zip
33127

Country
Miami-Dade

4. FEI Number
65-0900558

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Lamont & Neiman, P.A.
One Biscayne Tower, Suite 3550
Two South Biscayne Boulevard
Miami, Florida 33131

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member - MGRM
Michael J. Gerrits
3550 Biscayne Boulevard, Suite 401
Miami, Florida 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member - MGRM
Ileana Shafer
3550 Biscayne Boulevard, Suite 401
Miami, Florida 33127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Suite 401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Suite 401 00003300351-7
-06/22/00-01013-005
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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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:

Ileana Shafer

4/26/00

305-573-2465

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

Ileana Shafer, Member - MGRM

Date

Daytime Phone #

CR2E083 (11/99)