

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002239**

1. Entity Name

BISCAYNEAMERICAS ADVISERS L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business

5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BOULEVARD
MIAMI FL 33131

Mailing Address

5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BOULEVARD
MIAMI FL 33131

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ETHAN W ESQ.
5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BOULEVARD
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/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KOFFLER, ROBERT M
5300 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700003350657--0
-08/09/00--01032--029
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PEDRAJO, DARIO
5300 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMITH, MARK
5300 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CORREA, MARCELLO
5300 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
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 607.04, Florida Statutes, and that my signature shall have the same legal effect as if I were a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Section 607.04, 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 I were a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Section 607.04, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (5/00)