

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAR -1 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000065 AF

DOCUMENT # L99000002239

1. Entity Name
BISCAYNEAMERICAS ADVISERS L.L.C.

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

4. FEI Number **APPLIED FOR**
65-0913185

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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/MEMBERS

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200003819702-4
-03/09/01--01006--015
*****50.00 *****50.00

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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 of 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)