

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002604

1. Entity Name

PRINCE DIMITRI, L.C.

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90120 031 \*\*\*\*50.00

Principal Place of Business

Mailing Address

1925 BRICKELL AVENUE, SUITE 1409 D  
MIAMI FL 33129

1925 BRICKELL AVENUE, SUITE 1409 D  
MIAMI FL 33129

2. Principal Place of Business

1541 Brickell Avenue

3. Mailing Address

1541 Brickell Avenue

Suite, Apt. #, etc.

Suite 805

Suite, Apt. #, etc.

Suite 805

City & State

Miami, Florida

City & State

Miami, Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0917950

Applied For

Not Applicable

Zip  
33129

Country  
USA

Zip  
33129

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME CUADRADO, ALVARO ☐ Delete  
STREET ADDRESS 1925 BRICKELL AVENUE, SUITE 1409 D  
CITY-ST-ZIP MIAMI FL 33129

TITLE MGR ☐ Change ☐ Addition  
NAME CUADRADO, ALVARO  
STREET ADDRESS 1541 Brickell Avenue, Suite 805  
CITY-ST-ZIP Miami, Fl. 33129

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: X

**SIGNATURE REQUIRED**

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

X

09/12/02

305-285-2597

Daytime Phone #

CR2E083 (4/02)