

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003836**

1. Entity Name

P66, LLC

FILED

01 MAY -1 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**450 E. CAMINO REAL, CORPORATE OFFICES
BOCA RATON FL 33432**

Mailing Address

**P.O. BOX 5025
CORPORATE OFFICES
BOCA RATON FL 33431**

2. Principal Place of Business

501 E. Camino Real

Suite, Apt. #, etc.

Corporate Offices

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

65-1025273

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE., 28TH FLOOR
MIAMI FL 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 NO !!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **RAHN PIER, INC.**
CITY-ST-ZIP **501 E. CAMINO REAL
BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

Steven M. Dauria

4/26/01

561-447-5300

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

Date

Daytime Phone #

CR2E083 (11/00)

0014408 AF