

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004162

1. Entity Name
TURNER FINANCIAL SERVICES, L.L.C.

Principal Place of Business
19 WEST FLAGLER STREE, SUITE 600
MIAMI FL 33130

Mailing Address
19 WEST FLAGLER STREE, SUITE 600
MIAMI FL 33130-4408

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

65-0960896

Applied For

Not Applicable

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

TURNER, DAVID M
19 WEST FLAGLER STREE, SUITE 600
MIAMI FL 33130

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 MGR ☐ Delete
NAME ENRIQUEZ, STEPHEN C
STREET ADDRESS 19 WEST FLAGLER STREE, SUITE 600
CITY-ST-ZIP MIAMI FL 33130

TITLE ☒ Change ☐ Addition
NAME ENRIQUEZ, STEPHEN C.
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PADRON, OSCAR J
STREET ADDRESS 19 WEST FLAGLER STREE, SUITE 600
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ Change ☐ Addition
NAME 600003284196-1
STREET ADDRESS -06/12/00--01015--024
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME TURNER, DAVID M
STREET ADDRESS 19 WEST FLAGLER STREE, SUITE 600
CITY-ST-ZIP MIAMI FL 33130

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

APPROVED
AND
FILED

CO MAY 22 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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4/20/00

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