

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90019 006 ****50.00

DOCUMENT # L99000004406

1. Entity Name

OPPENHEIM ARCHITECTURE & DESIGN, L.L.C.



Principal Place of Business

**245 N.E. 37 ST
MIAMI FL 33137**

Mailing Address

**P.O. BOX 129
MORGANVILLE NJ 07751**

2. Principal Place of Business

3. Mailing Address

245 NE 37 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33137

USA

4. FEI Number

65-0944650

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

**OPPENHEIM, CHAD
2545 BAY AVE., SUNSET ISLAND 2
MIAMI BEACH FL 33140**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
OPPENHEIM, CHAD
2545 BAY AVE., SUNSET ISLAND 2
MIAMI BEACH FL 33140**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

Date

Daytime Phone #

3.18.03

CR2E083 (10/02)