

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000004468

1. Entity Name
SAVOD, L.L.C.

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

Mailing Address
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131



2. Principal Place of Business
201 S. Biscayne Blvd.

3. Mailing Address
201 S. Biscayne Blvd.

Suite, Apt. #, etc.
Suite 850

Suite, Apt. #, etc.
Suite 850

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 65-0936405

Applied For

Not Applicable

Zip
33131

Country

Zip
33131

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

ROSSZ FIU CORPORATION
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

Name (address change only)

Street Address (P.O. Box Number is Not Acceptable)

Suite 850

City
Miami

FL

Zip Code
33131

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 *Rossz Fi Corporation*
Signature, typed or printed name of registered agent and title if applicable

Jan Carson Cheezem, Pres

4/5/01

(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
STREET ADDRESS
CITY-ST-ZIP
MGRM
OUGRIK, ALEXIS
1805 DAYTONIA ROAD
MIAMI BEACH FL 33141 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Atalio Ougrik*
Signature and typed or printed name of signing managing member, manager, or authorized representative

Jan Carson Cheezem
Date 4/5/01 305 702 3000

Date

Daytime Phone #

CR2E083 (11/00)