

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90161 027 ****50.00

DOCUMENT # L99000004484

1. Entity Name

INTERNATIONAL BOTANICALS PROPERTIES, L.L.C.

Principal Place of Business

**12801 S.W. 224 STREET
 MIAMI FL 33170**

Mailing Address

**541 SAN ESTEBAN AVE.
 CORAL GABLES FL 33146**

2. Principal Place of Business

541 San Esteban Av

3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

City & State

Zip

33146

Country

USA

Zip

Country

4. FEI Number

65-0934290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PAIGE, ROBERT E ESQ.
 9500 SOUTH DADELAND BLVD., SUITE 550
 MIAMI FL 33156**

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 NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **V** ☐ Delete
 NAME **JUDE, RODERICK J**
 STREET ADDRESS **8420 SW 162 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **P** ☐ Delete
 NAME **HOYT, JOSEPH N**
 STREET ADDRESS **541 SAN ESTEBAN AVE.**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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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

JOSEPH N. HOYT

1-23-02

305-661-2263

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

Date

Daytime Phone #

CP2E083 (9/01)