

2001 UNIFORM BUSINESS REPORT (UBR)

0015615 AF

DOCUMENT # L99000005050

1. Entity Name
LITHO OF AMERICA, L.L.C.

FILED
01 FEB 12 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
COURTYARD CENTRE
2323 CURLEW RD. #2E
PALM HARBOR FL 34684

Mailing Address
COURTYARD CENTRE
2323 CURLEW RD. #2E
PALM HARBOR FL 34684

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3593241

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
LESTER, PAUL A
C/O FIELDSTONE LESTER SHEAR & DENBERG
200 SOUTH BISCAYNE BLVD., SUITE 2100
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 601
City Coral Gables FL Zip Code 33134

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 _____ (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

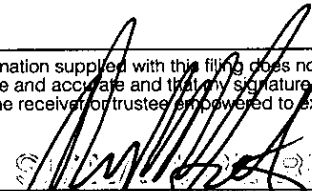
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPLAN, JOSEPH 12906 ROYAL GEORGE AVE. ODESSA FL 33556	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN HOUTEN, SUSAN 11443 KEY DEER CIRCLE LAKE WORTH FL 33467	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THORNE, LONDON P.O. BOX 30 SHELDON SC 29941	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FIELDSTONE, RONALD R 200 S. BISCAYNE BLVD., SUITE 2100 MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

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-02/19/01-0136-010
*****50.00 *****50.00

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:  **RONALD R. FIELDSTONE** **2/8/01** **305 357-1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**

CR2E083 (11/00)