

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90060 037 \*\*\*\*50.00

**DOCUMENT # L99000005051**

1. Entity Name

**CARDINAL MANAGEMENT LLC**

Principal Place of Business

**ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR  
 MIAMI FL 33131**

Mailing Address

**ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR  
 MIAMI FL 33131**

2. Principal Place of Business

**800 Brickell Avenue**

Suite, Apt. #, etc.

**301**

City & State

**Miami, FL**

Zip

**33131**

Country

**USA**

3. Mailing Address

**800 Brickell Ave**

Suite, Apt. #, etc.

**301**

City & State

**Miami, FL**

Zip

**33131**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0940722**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RAZOOK, RICHARD J  
 C/O THOMSON MURARO RAZOOK & HART, P.A.  
 ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Razook, Richard J.**

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

**800 Brickell Ave Suite 201**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CARBONELL, MARLENE ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RAZOOK, RICHARD J ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Carbonell, Marlene 800 Brickell Avenue, Suite 201 Miami, FL 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Razook, Richard J 800 Brickell Avenue, Suite 201 Miami, Florida 33131</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

**1-18-02**

**(305) 808-7910**

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

Date

Daytime Phone #

CR2E083 (9/01)