

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 23 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

*mnm*

**DOCUMENT #** L99000005976

**1. Entity Name**  
PRIERI LLC

**Principal Place of Business**  
7534 SW 77TH AVENUE  
PINECREST FL 33143

**Mailing Address**  
7534 SW 77TH AVENUE  
PINECREST FL 33143-4006

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**Zip**

**Country**

**4. FEI Number** ☒ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NATUMAN, STEVEN H**  
9500 SOUTH DADELAND BLVD  
STE 610  
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**400003245304--1**  
**-05/09/00--01113--008**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

**9. MANAGING MEMBERS/MEMBERS**

**TITLE** **MGRM** ☐ Delete  
**NAME** **LERI INC**  
**STREET ADDRESS** **7534 SW 77TH AVENUE**  
**CITY- ST- ZIP** **PINECREST FL**

**TITLE** **MGRM** ☐ Delete  
**NAME** **J & JP FUNDING CORP**  
**STREET ADDRESS** **PO BOX 432160**  
**CITY- ST- ZIP** **SOUTH MIAMI FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**10. ADDITIONS/CHANGES**

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

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

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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:** *PICRANUELO TRINCHERO* **04/15/00** **(305) 984-3499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)