

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006477

1. Entity Name
CERES ADVISORS LLC

APPROVED
AND
FILED

00 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1401 BRICKELL AVENUE, SUITE 460
MIAMI FL 33131

Mailing Address
1401 BRICKELL AVENUE, SUITE 460
MIAMI FL 33131-3501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite Apt. #, etc.
4605
City & State
Zip
Country

3. Mailing Address
Suite Apt. #, etc.
4605
City & State
Zip
Country

4. FEI Number
05-0924411

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDS, TIMOTHY D
C/O WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI FL 33133

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOULLET, DOUGLAS 1401 BRICKELL AVENUE, SUITE 460 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NGADI, DRISS 1401 BRICKELL AVENUE, SUITE 460 MIAMI FL 33131	<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	1401 Brickell Avenue, Suite 4605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1401 Brickell Avenue, Suite 4605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	200003264092--0 -05/23/00--01110--021 *****50.00 *****50.00	<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: Douglas Goulet, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-27-00 (305) 371-4343
Date Daytime Phone #