

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -5 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007603

1. Entity Name

CERNO DEVELOPMENT GROUP, LLC

Principal Place of Business

116 ALHAMBRA CIRCLE, SUITE 200
CORAL GABLES FL 33134

Mailing Address

116 ALHAMBRA CIRCLE, SUITE 200
CORAL GABLES FL 33134-4532

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0994619

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAME, LAWRENCE

116 ALHAMBRA CIRCLE, SUITE 200
CORAL GABLES FL 33134

Name

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

City

8000003290100-6

-06/14/00

0118-013

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. ****\$5.00 ****\$5.00

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

10. ADDITIONS / CHANGES

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | RESIDENT | <input type="checkbox"/> Delete |
| NAME | ARNOLD GITTEN | |
| STREET ADDRESS | 60124 SW 140 CT | |
| CITY-ST-ZIP | MIAMI, FL 33183 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LAWRENCE BEAME | |
| STREET ADDRESS | 760 SAW JOAN DRIVE | |
| CITY-ST-ZIP | CORAL GABLES FL 33143 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | STETSON GLINES | |
| STREET ADDRESS | 596 HARBOUR ROAD | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DAVID HERBERT | |
| STREET ADDRESS | 5161 SW 81 COURT | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33317 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | OLGA GARCIA | |
| STREET ADDRESS | 5870 SW 87 STREET | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------------|--|
| TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ARNOLD GITTEN, MGRM | |
| STREET ADDRESS | 116 ALHAMBRA CIRCLE, STE 200, MGRM | |
| CITY-ST-ZIP | CORAL GABLES FL 33134, MGRM | |
| TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LAWRENCE BEAME, MGRM | |
| STREET ADDRESS | 116 ALHAMBRA CIRCLE, STE 200, MGRM | |
| CITY-ST-ZIP | CORAL GABLES FL 33134, MGRM | |
| TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | E. STETSON GLINES, MGRM | |
| STREET ADDRESS | 116 ALHAMBRA CIRCLE, STE 200, MGRM | |
| CITY-ST-ZIP | CORAL GABLES FL 33134, MGRM | |
| TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVID M. HERBERT, MGRM | |
| STREET ADDRESS | 116 ALHAMBRA CIRCLE, STE 200, MGRM | |
| CITY-ST-ZIP | CORAL GABLES FL 33134, MGRM | |
| TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | OLGA PIZZI GARCIA, MGRM | |
| STREET ADDRESS | 116 ALHAMBRA CIRCLE, STE 200, MGRM | |
| CITY-ST-ZIP | CORAL GABLES FL 33134, MGRM | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

ARNOLD GITTEN, PRESIDENT

2/7/00

305-444-4257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)