

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000007603

1. Entity Name

CERNO DEVELOPMENT GROUP, LLC

FILED

01 APR 19 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

116 ALHAMBRA CIRCLE, SUITE 200
CORAL GABLES FL 33134

Mailing Address

116 ALHAMBRA CIRCLE, SUITE 200
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0994619

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$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

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM GITTEN, ARNOLD ☐ Delete
STREET ADDRESS 116 ALHAMBRA CIRCLE, SUITE 200
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE NAME MGRM BEAME, LAWRENCE ☐ Delete
STREET ADDRESS 116 ALHAMBRA CIRCLE, SUITE 200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700004083887-1
CITY-ST-ZIP -04/27/01--01025--007
*****55.00 *****55.00

TITLE NAME MGRM GLINES, STETSON E ☒ Delete
STREET ADDRESS 116 ALHAMBRA CIRCLE, SUITE 200
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE NAME MGRM HERBERT, DAVID M ☐ Delete
STREET ADDRESS 116 ALHAMBRA CIRCLE, SUITE 200
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE NAME MGRM OLGA PIZZI GARCIA ☐ Delete
STREET ADDRESS 116 ALHAMBRA CIRCLE, SUITE 200
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: SIGNATURE REQUIRED

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

April 11, 2001

Date

305 444 7100

Daytime Phone #

CR2E083 (11/00)