

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002737 AF

DOCUMENT # L99000007609

1. Entity Name  
HERMELEE & SHARP, LLC

00 MAY 30 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
25 S.E. SECOND AVENUE, SUITE 1135  
MIAMI FL 33131

Mailing Address  
25 S.E. SECOND AVENUE, SUITE 1135  
MIAMI FL 33131-1605



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number  
65-0629924  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SHARP, SARAH H  
25 S.E. SECOND AVENUE, SUITE 1135  
MIAMI FL 33131

7. Name and Address of New Registered Agent  
Name: Bruce G. Hermelee  
Street Address (P.O. Box Number is Not Acceptable): 25 S.E. SECOND AVE. SUITE 1135  
City: MIAMI FL Zip: 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] DATE: 4/28/00  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	HERMELEE, BRUCE G	25 S.E. SECOND AVENUE, SUITE 1135	MIAMI FL 33131	<input type="checkbox"/>
MGR	SHARP, SARAH H	25 S.E. SECOND AVENUE, SUITE 1135	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		800003293103		<input type="checkbox"/>
		-08/16/00--01004--008		<input type="checkbox"/>
		*****50.00 *****50.00		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] DATE: 4/28/00 DAYTIME PHONE #: 305-373-5444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER