

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002614 AF

DOCUMENT # L99000007610

1. Entity Name  
LMG, ASSESS & CONSULTANTS L.L.C.

00 MAY 30 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

999 BRICKELL AVENUE, SUITE 700  
MIAMI FL 33131

Mailing Address

999 BRICKELL AVENUE, SUITE 700  
MIAMI FL 33131-3012

2. Principal Place of Business

1101 Brickell Avenue

Suite, Apt. #, etc.  
Ste. 800

3. Mailing Address

1101 Brickell Avenue

Suite, Apt. #, etc.  
Ste. 800

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33131

Country  
U.S.A.

Zip  
33131

Country  
U.S.A.

4. FEI Number  
65-0964584

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ANGEL, LUZ M  
999 BRICKELL AVENUE, SUITE 700  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
LUZ MARINA GOMEZ ANGEL

Street Address (P.O. Box Number is Not Acceptable)  
1101 Brickell Avenue, STE. 800

City  
MIAMI

FL

Zip Code  
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 *Luz Marina Gomez Angel*  
Signature, typed or printed name of registered agent and title, if applicable

(NOT a Registered Agent signature required when reinstating)

4/18/00  
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  
Manager  
Luz Marina Gomez Angel  
1101 Brickell Ave, Suite 800  
Miami, FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
200003293122--0  
-06/16/00--01004--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

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

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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ 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 *Luz Marina Gomez Angel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/18/00 305-577-8589

Date Daytime Phone #

66/13 1300 1-510