

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007778

1. Entity Name

CDI HOLDINGS, L.L.C.

Principal Place of Business

Mailing Address

1688 MERIDIAN AVENUE, SUITE 801  
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3550 BISCAYNE BLVD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

310

City & State

MIAMI, FL

City & State

4. FEI Number

65-0962447

Applied For

Not Applicable

Zip

Country

Zip

Country

33137

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

GREEN, MITCHELL F  
KRAMER, GREEN, ZUCKERMAN, KAHN & GREEN  
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH  
HOLLYWOOD FL 33021

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  
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MAENZA, JOSEPH  
1688 MERIDIAN AVENUE, SUITE 801  
MIAMI BEACH FL 33139 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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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

7/10/01 305-573-4634

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

Date

Deputy Phone #

CR2E083 (5/01)

STAPLE CHECK HERE