

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90172 022 ****50.00

DOCUMENT # L990000077779

1. Entity Name

MIAMI ASSOCIATE INVESTMENTS, LLC

Principal Place of Business

**3550 BISCAYNE BLVD., #310
 MIAMI FL 33137**

Mailing Address

**3550 BISCAYNE BLVD., #310
 MIAMI FL 33137**

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

65-0964063

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

7. Name and Address of New Registered Agent

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

Name **JOSEPH MAENZA**

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

3550 BISCAYNE BLVD # 310

City **MIAMI**

FL

Zip Code **33137**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME **MGRM** ☐ Delete
MAENZA, JOSEPH
 STREET ADDRESS **3550 BISCAYNE BLVD., #310**
 CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☐ Delete
 NAME
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 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:

JOSEPH MAENZA

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

Date

Daytime Phone #

2/6/02 305.573.4634

CR2E083 (9/01)