

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007786**

1. Entity Name  
**NUMBERS@WORK, L.L.C.**

APPROVED  
AND  
FILED

00 JUL 17 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2600 DOUGLAS ROAD, PENTHOUSE 8  
CORAL GABLES FL 33134

Mailing Address  
2600 DOUGLAS ROAD, PENTHOUSE 8  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**100 Almeria Ave**

3. Mailing Address

Suite, Apt. #, etc.  
**# 233**

Suite, Apt. #, etc.

City & State  
**Coral Gables FL**

City & State

4. FEI Number  
**Applied for**

Applied For  
Not Applicable

Zip  
**33134**

Country  
**USA**

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

**BOHATCH, JOHN S ESQ.**  
**2600 DOUGLAS ROAD, PENTHOUSE 8**  
**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**

**000003335360-8**  
**-07/25/00--01061--024**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **Manager** ☐ Change ☒ Addition  
NAME **Schiappa Pietra Holdings, Ltd.**  
STREET ADDRESS **100 Almeria Avenue # 230**  
CITY-ST-ZIP **Coral Gables FL 33134**

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

TITLE **man** ☐ Change ☒ Addition  
NAME **Brod Tapp**  
STREET ADDRESS **100 Almeria Avenue #230**  
CITY-ST-ZIP **Coral Gables FL 33134**

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

TITLE **man** ☐ Change ☒ Addition  
NAME **William Brennan**  
STREET ADDRESS **100 Almeria Ave #230**  
CITY-ST-ZIP **Coral Gables FL 33134**

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

TITLE **man** ☐ Change ☒ Addition  
NAME **Mariella Ferreccio**  
STREET ADDRESS **100 Almeria Avenue #230**  
CITY-ST-ZIP **Coral Gables FL 33134**

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

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

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

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
NAME \_\_\_\_\_  
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**  
**Authorized Representative of**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER**  
**a member**

**7/6/00**  
Date

**(305) 442-4911**  
Daytime Phone #

CR2E083 (5/00)