

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90081 013 ****50.00

DOCUMENT # L99000007786

1. Entity Name

NUMBERS@WORK, L.L.C.

Principal Place of Business

**100 ALMERIA AVENUE, SUITE 230
CORAL GABLES FL 33134**

Mailing Address

**2600 DOUGLAS ROAD, PENTHOUSE 8
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

P.O. Box 143509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33134

US

4. FEI Number

65-0962052

Applied For

Not Applicable

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **SCHIPPA PIETRA MANUEL PAULO MAXIMO**
STREET ADDRESS **2616 GRANADA BLVD.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGR** ☒ Change ☐ Addition
NAME **SCHIPPA PIETRA MANUEL**
STREET ADDRESS **100 ALMERIA AVE, SUITE 230**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **MGRM** ☒ Delete
NAME **TRAPP, BRAD**
STREET ADDRESS **100 ALMERIA AVE., SUITE 230**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **MGRM** ☒ Delete
NAME **BERENSON, WILLIAM**
STREET ADDRESS **100 ALMERIA AVE, SUITE 230**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **MGRM** ☐ Delete
NAME **FERRECCIO, MARIELLA**
STREET ADDRESS **100 ALMERIA AVE, SUITE 230**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

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 MANUEL PIETRA

01/25/02 (305) 476-5831

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

Date

Daytime Phone #

CR2E083 (9/01)