

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90567 019 \*\*\*\*\*55.00

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**DOCUMENT # L99000007976**

1. Entity Name

**AMPHION ENTERPRISES, LLC**



Principal Place of Business

Mailing Address

**9400 SOUTH DADELAND BLVD., SUITE 508  
MIAMI FL 33156**

**9400 SOUTH DADELAND BLVD., SUITE 508  
MIAMI FL 33156**

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 **65-1009295**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VEDROS, JAMSEL J  
9400 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156**

Name **CLEVELAND J MATHERNE JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**19931 SW 84 AVE**  
City **Miami** FL Zip Code **33189**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CLEVELAND J MATHERNE JR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Delete  
NAME **VEDROS, JAMSEL J**  
STREET ADDRESS **9400 SOUTH DADELAND BLVD., SUITE 508**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **MGRM** ☒ Delete  
NAME **STINSON, LOUIS JR.**  
STREET ADDRESS **4875 PONCE DE LEON BLVD., SUITE 305**  
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **CLEVELAND J MATHERNE JR**  
STREET ADDRESS **19931 SW 84 AVE**  
CITY-ST-ZIP **Miami, FL 33189**

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

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

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

TITLE ☐ Change ☐ Addition  
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: **CLEVELAND J MATHERNE JR** **4/29/03** **305-378-4969**

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

Date

Daytime Phone #

CR2E083 (10/02)