

2001 UNIFORM BUSINESS REPORT (UBR)

000127 AT

DOCUMENT # L99000008819

1. Entity Name
SENECA HOLDINGS, L.L.C.

FILED

01 MAR 26 AM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2901 SW 8 STREET, SUITE 204
MIAMI FL 33135

Mailing Address
2901 SW 8 STREET, SUITE 204
MIAMI FL 33135

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 65-0974174 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

MARTIN, PEDRO A
1221 BRICKELL AVENUE, SUITE 2100
MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
MGRM BOSCHETTI, JOSE R
STREET ADDRESS 2901 SW 8 STREET, SUITE 204
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

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

TITLE NAME
MGR ABELE, CHARLES R JR.
STREET ADDRESS 2901 SW 8TH STREET, SUITE 204
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

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

TITLE NAME
MGR CAYON, MAURICE
STREET ADDRESS 2901 SW 8TH STREET, SUITE 204
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date Daytime Phone #

1/15/01 305.5417150

CP2E083 (11/00)