## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2002 8:00 am Secretary of State DOCUMENT # L9900009121 03-24-2002 90037 032 \*\*\*\*50.00 HANNA CAPITAL VENTURES, LLC Principal Place of Business Mailing Address 1900 SW 57TH AVENUE 1900 SW 57TH AVENUE 933369 SUITE 2 SUITE 2 MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0969727 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name WINER, RUSSELL R ESQ. Street Address (P.O. Box Number is Not Acceptable) 1904 E. BUSCH BOULEVARD **TAMPA FL 33612** City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGR Change ☐ Addition TITLE ☐ Delete NAME WOODRUFF, ROY F NAME STREET ADDRESS STREET ADDRESS 1900 SW 57TH AVENUE, SUITE 2 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Delete TITLE ☐ Change,\* Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change Addition ∠ □ Delete TITLE TITLE : . \_ NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 improveded to execute this report as required by Chapter 608, Florida Statutes.

ROYF WOODRUFF 3/7/02 365-269-0250

AGER, OR/AUTHORIZED REPRESENTATIVE Date Daylime Phone #

**FILED**