

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000554

1. Entity Name

DOUGLAS ROAD PARTNERS, LLC

FILED

01 SEP 17 PM 12:17

Principal Place of Business

2601 S. BAYSHORE DRIVE
SUITE 1000
MIAMI FL 33133

Mailing Address

2601 S. BAYSHORE DRIVE
SUITE 1000
MIAMI FL 33133

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite #4100

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Address

200 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

4100

City & State

MIAMI FL

Zip

33131

Country

USA

4. FEI Number

65-0972925

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

RIVE Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd.

Suite 4100

City

MIAMI

FL

Zip Code

33131

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 September 26, 2001

300004612503--2
-09/26/01--01075--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, RAFAEL 2601 S. BAYSHORE DRIVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERMELLO, WILLIAM A 2601 S. BAYSHORE DRIVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

WILLIAM A. BERMELLO

69-05-01

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

Date

Daytime Phone #

0003342

CR2E083 (5/01)

STAPLE CHECK HERE