

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90134 040 \*\*\*\*50.00

954560



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M00000000554**

1. Entity Name

**DOUGLAS ROAD PARTNERS, LLC**

Principal Place of Business

**200 S. BISCAYNE BLVD., STE. #4100  
 MIAMI FL 33131**

Mailing Address

**200 S. BISCAYNE BLVD., STE. #4100  
 MIAMI FL 33131**

2. Principal Place of Business

**2601 South Bayshore Drive**

Suite, Apt. #, etc.

**10th Floor**

City & State

**Miami, FL**

Zip

**33133**

Country

**Dade**

3. Mailing Address

**2601 South Bayshore Drive**

Suite, Apt. #, etc.

**10th Floor**

City & State

**Miami, FL**

Zip

**33133**

Country

**Dade**

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

**RJVF CORPORATE SERVICES INC  
 2001 S BISCAYNE BLVD  
 STE 4100  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Willy A. Bermello**  
 Street **2601 South Bayshore Drive**  
 10th Floor  
 City **Miami** FL **33133**

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

TITLE **MGR** ☐ Delete  
 NAME **SANCHEZ, RAFAEL**  
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **MGR** ☐ Delete  
 NAME **BERMELLO, WILLIAM A**  
 STREET ADDRESS **2601 S. BAYSHORE DRIVE**  
 CITY-ST-ZIP **MIAMI FL 33133**

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

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition  
 NAME **Bermello, Willy A**  
 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

**Willy A. Bermello**

4-19-02

305-860-3726

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

Date

Daytime Phone #

CR2E083 (9/01)