2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0000001278

1. Entity Name

SIGNATURE:

CG INTERSTATE ASSOCIATES, LLC



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90005 024 ****50.00

						A STATE OF THE PARTY OF THE PAR					
Principal Place of Business 3250 MARY STREET. 5TH FLOOR MIAMI FL 33133 2. Principal Place of Business				Mailing Address 3250 MARY STREET, 5TH FLOOR MIAMI FL 33133							
				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FEI Number 65-1032250				applied For
Zip Country				Zip Country			5. Certifica	ate of Status Desired		\$5.00 Ac	
·	6. Name	and Address of Cu	rrent Reg	Istered Agent_		7. Name and Address of New Registered Agent					
SCH.	IATZ DICUA	DD C				-Name = -				- <u>-</u>	
150	IATZ, RICHA West Flac ARKS Weav	GLER STREET, 220	00 MUSE	UM TOWER		Street Address	(P.O. Box Nun	nber is Not Acceptable)			
MIAMI FL 33130						City	<u>.</u> .			T =: 0	
						'			FL	Zip Cod	
the obligat	lions or regist	/ submits this statemi ered agent.	ent for the	purpose of changing it	ts register	ed office or registe	ered agent, or b	poth, in the State of Florid	da. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered	agent and titl	le if applicable. (NC	TE: Registere	d Agent signature require	d when reinstating)		DATE		
				Make Check Payal Di	ble to Fi	FEE IS \$50.00 orida Departme ay 1, 2003	ent of State				
9.	110011	MANAGING ME	MBERS/	MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ITAL GENCOM HO Y STREET, 5TH FI 33133		Delete S, LLC		·				☐ Change	Addition
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CITY-ST-ZIP 11. I hereby coindicated of				iling does not qualify fo ny signature shall have lowered to execute this	STREE CITY-	T ADDRESS ST-ZIP Inption stated in Second offset on it.)(i), Florida Statutes. I fur hi, that I am a managing Statutes.	ther certii	y that the in or manager	formation of the

Date

Daytime Phone #