

5/22

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90208 019 \*\*\*\*50.00

**DOCUMENT # MO1000001463**

1. Entity Name

**NORTH BAY EQUITY PARTNERS, LLC**

Principal Place of Business

1680 MICHIGAN AVE., STE. 700  
MIAMI BEACH FL 33139

Mailing Address

1680 MICHIGAN AVE., STE. 700  
MIAMI BEACH FL 33139

92051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

52-2325080

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

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	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	MATTHEW COLE	
STREET ADDRESS	1680 MICHIGAN, SUITE 700	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	<del>MANAGING MEMBER</del>	<input type="checkbox"/> Delete
NAME	THOMAS F. MCCARTY III	
STREET ADDRESS	1680 MICHIGAN, SUITE 700	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	ALFREDO GUTIERREZ GUTIERREZ	
STREET ADDRESS	1680 MICHIGAN, SUITE 700	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

SIGNATURE REQUIRED

MATTHEW COLE

April 20, 2002

305.777.2212

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

Date

Daytime Phone #

CR2E083 (9/01)