

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90235 015 ****50.00

DOCUMENT # M01000001745

1. Entity Name

UNIT 2401, LLC

Principal Place of Business

**318 NORTH CARSON STREET, SUITE 214
 CARSON CITY NV 89701**

Mailing Address

**318 NORTH CARSON STREET, SUITE 214
 CARSON CITY NV 89701**

943236

2. Principal Place of Business

**202 North Curry Street
 Suite 100**

3. Mailing Address

**202 North Curry Street
 Suite 100**

City & State

Carson City, NV

City & State

Carson City, NV

Zip

89703

Country

U.S.

Zip

89703

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

88-0480569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSE, ELLEN
 ONE SOUTHEAST THIRD AVE #2400
 MIAMI FL 33131**

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 **MGR** ☐ Delete
 NAME **SPQR INVESTMENTS, LLC**
 STREET ADDRESS **% 318 NORTH CARSON STREET, SUITE 214**
 CITY-ST-ZIP **CARSON CITY NV 89701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **202 North Curry Street, Suite 100**
 CITY-ST-ZIP **Carson City, NV 89703**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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

4/11/02 817-926-1767

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

Date

Daytime Phone #

CR2E083 (9/01)