

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90101 018 \*\*\*\*50.00

**DOCUMENT # M02000002022**

1. Entity Name

**PFM DADE ADVISORS, LLC**



Principal Place of Business

**TWO LOGAN SQUARE #1600, 18TH & ARCH ST  
PHILADELPHIA PA 19103-2770**

Mailing Address

**TWO LOGAN SQUARE #1600, 18TH & ARCH ST  
PHILADELPHIA PA 19103-2770**

**20014633**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2313372**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **MATTEO, BRETT**  
STREET ADDRESS **TWO LOGAN SQUARE #1600, 18TH & ARCH ST**  
CITY-ST-ZIP **PHILADELPHIA PA 19103-2770**

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

TITLE **MGR** ☐ Delete  
NAME **BOYDE, STEVE**  
STREET ADDRESS **TWO LOGAN SQUARE #1600, 18TH & ARCH ST**  
CITY-ST-ZIP **PHILADELPHIA PA 19103-2770**

TITLE ☐ Change ☐ Addition  
NAME **BOYLE, STEVE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **WISHER, LAVON**  
STREET ADDRESS **TWO LOGAN SQUARE #1600, 18TH & ARCH ST**  
CITY-ST-ZIP **PHILADELPHIA PA 19103-2770**

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

TITLE **MGR** ☐ Delete  
NAME **MASUIDAD, PLAUD**  
STREET ADDRESS **201 ALHAMBRA CIR #1401**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME **MASVIDAL, RAUL**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **MCFARLANE, CHRIS**  
STREET ADDRESS **35 NE 40TH ST.**  
CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE ☐ Delete  
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: *[Signature]* SIGNATURE REQUIRED**

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

**1/8/2003**

Date

**1-215-557-1426**

Daytime Phone #

CR2E083 (10/02)

*Attachment*

*#ME2000002022*

Two Logan Square  
Suite 1600  
18<sup>th</sup> & Arch Streets  
Philadelphia, PA  
19103-2770  
215 567-6100  
215 567-4180 fax  
www.pfm.com

**PFM Dade Advisors**

*20014633*

January 8, 2003

Florida Department of State  
Uniform Business Report / Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314-6478

Dear Sir or Madame

Please kindly accept the enclosed, "2003 Limited Liability Company Uniform Business Report (UBR)" for PFM Dade Advisors, LLC, (FEIN# 52-2313372) and also the remitted check made payable to the Florida Department of State in the amount of \$50, representing the satisfaction of registration fees for 2003. Please do not hesitate to contact me further with any inquires directly at PH# 1-215-557-1426.

Additionally, please kindly note the adjustments to two of the listed names from item 9 of the UBR, "Managing Members/Managers", listed for your convenience both where needed within the context of the report and again below:

The name, "Boyde, Steve" should be, "Boyle, Steve", and,  
The name, "Masuidad, Plaud" should be "Masuvidal, Raul".

Thank you in advance for your prompt attention to this matter.

Thomas A. Benner, CPA  
Senior Accountant



PFM Dade Advisors, LLC