

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # AP97000073019

1. Entity Name

September Project III Corp.

FILED

00 NOV -1 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7695 S.W. 104th Street
Suite 210
Miami, FL 33156

Mailing Address
Same

2. Principal Place of Business
10200 E. Girard Ave
Suite, Apt. #, etc.
Bldg. C #255

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Denver, CO 80231

City & State

Zip
80231

Country
USA

Zip

Country

REINSTATEMENT

4. FEL Number
84550745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Eric P. Littman
7695 SW 104th Street, Suite 210
Miami, FL 33131

Name
Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

537 East Park Avenue

City Tallahassee FL Zip Code 32301

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  Steven E. Sellers/President 10/27/00

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

600003456366--2
-11/07/00--01134--021
****750.00 ****750.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE P/D ☒ Delete
NAME Derek Kennedy
STREET ADDRESS 7695 SW 104 Street
CITY-ST-ZIP Miami, FL 33131

TITLE President ☐ Change ☒ Addition
NAME Peter Trimarco
STREET ADDRESS 10200 E. Girard Ave, Bldg C #255
CITY-ST-ZIP Denver, CO 80231

TITLE S/D ☒ Delete
NAME Melodee Jones
STREET ADDRESS 7695 SW 104 Street
CITY-ST-ZIP Miami, FL 33131

TITLE Secretary ☐ Change ☒ Addition
NAME Paul Strasses
STREET ADDRESS 10200 E. Girard Ave, Bldg C #255
CITY-ST-ZIP Denver, CO 80231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:  Peter Trimarco, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

10/28/00 303/745-6252

Date

Daytime Phone #

CR2F003 (11/00)