

2001 UNIFORM BUSINESS REPORT (UBR)

0027949 AF

DOCUMENT # L00000000196

1. Entity Name
GEORGE T. RAMANI & ASSOCIATES, P.L.

Principal Place of Business
**701 BRICKELL AVE., SUITE 2000
 MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVE., SUITE 2000
 MIAMI FL 33131**

FILED

01 JAN 19 PM 3:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 S. BISCAYNE BLVD

Suite, Apt. #, etc.
2000

City & State
MIAMI FL

Zip
33131

Country
USA

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

City & State

Zip

Country

4. FEI Number
65-0970784

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RAMANI, GEORGE T
 701 BRICKELL AVE., SUITE 2000
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
GEORGE T. RAMANI

Street Address (P.O. Box Number is Not Acceptable)
200 S. BISCAYNE BLVD

SUITE 2000

City
MIAMI

State
FL

Zip Code
33131

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 **GEORGE T. RAMANI** DATE **1/17/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	RAMANI, GEORGE T	701 BRICKELL AVE., SUITE 2000	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	GEORGE T. RAMANI	200 S. BISCAYNE BLVD, # 2000	MIAMI FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

500003568255--3
 -01/23/01--0101 Change-000/ Addition
 *****50.00 *****50.00

Handwritten initials

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** DATE: **1/17/01** 305 381-8811

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

CR2E083 (11/00)