

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

03-05-2002 90015 036 \*\*\*\*50.00

**DOCUMENT # L00000011439**

1. Entity Name

**R.A.S.H., L.L.C.**

Principal Place of Business

**200 S. BISCAYNE BLVD., SUITE 1880  
 C/O DAVID M. GOLDSTEIN  
 MIAMI FL 33131**

Mailing Address

**200 S. BISCAYNE BLVD., SUITE 1880  
 C/O DAVID M. GOLDSTEIN  
 MIAMI FL 33131**

23241

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1055942

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

**GOLDSTEIN, DAVID M  
 200 S. BISCAYNE BLVD., SUITE 1880  
 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

**DAVID M. GOLDSTEIN**

1/10/02

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	<input type="checkbox"/> Delete
NAME	STEIN, ROCKY	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 1880	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	STEIN, SUSY	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 1880	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MALNIK, ALLISON	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 1880	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	GOLZIO, HENRY	
STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 1880	
CITY-ST-ZIP	MIAMI FL 33131	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		
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)(f), 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**

2/1/02

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

Date

Daytime Phone #

CR2E083 (9/01)