**FILED** 

2/06/02 2/2-333-2/07
Date Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## Feb 21, 2002 8:00 am Secretary of State DOCUMENT # 335021 1. Entity Name AVENTURA LAND AND DEVELOPMENT CORPORATION 02-21-2002 90136 012 \*\*\*150.00 Principal Place of Business Mailing Address C/O BROADSTONE GROUP C/O BROADSTONE GROUP 888 7TH AVENUE, SUITE 3400 888 7TH AVENUE. SUITE 3400 NEW YORK NY 10106 **NEW YORK NY 10106** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-2246228 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGER SINGERMAN, PA Street Address (P.O. Box Number is Not Acceptable) 350 E LAS OLAS BLVD **SUITE 1000** FT: LAUDERDALE FL 33301 City Zip Code $\mathsf{FL}$ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME LOPATER, LAWRENCE NAME STREET ADDRESS C/O BROADSTONE GROUP 888 SEVENTH AVE, SUIT STREET ADDRESS CITY-ST-7IP **NEW YORK NY 10106** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BORY, JUDITH NAME STREET ADDRESS C/O BROADSTONE GROUP 888 SEVENTH AVE, SUIT STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10106** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if