

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010958 AF

DOCUMENT # L00000000809

1. Entity Name

DOUGLAS PEMBROKE LAND, L.L.C.

FILED

01 FEB -8 PM 2: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
10471 SW 126 ST.  
MIAMI FL 33176

Mailing Address  
10471 SW 126 ST.  
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0980029

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GROSS, LESLIE JAY ESQ.  
10471 SW 126 ST.  
MIAMI FL 33176

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE PD  Delete  
NAME MADHANI, NAZIR  
STREET ADDRESS 1700 Douglas Rd.  
CITY-ST-ZIP MIAMI, FL 3025

Change  Addition  
500003708795--9  
-02/19/01-01014-001  
\*\*\*\*\*50.00  Change  Addition

TITLE UPD  Delete  
NAME GIOVANNETTI, PAUL  
STREET ADDRESS 1345 SW 106 Ave.  
CITY-ST-ZIP MIAMI, FL 33176

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  Delete  
NAME GROSS, LESLIE JAY  
STREET ADDRESS 10471 SW 126 ST  
CITY-ST-ZIP MIAMI, FL 33176

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: *Leslie Jay Gross* Sec. Treas, Director 2/2/01 305-255-1323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
LESLIE JAY GROSS

CR2E083 (11/00)