

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

3

03-31-2003 90806 032 \*\*\*\*50.00

**DOCUMENT # L02000003124**



1. Entity Name

**POINCIANA PLAZA, LLC**

Principal Place of Business

**C/O MICHAEL PINES  
4720 NW BOCA RATON BLVD., STE. D-107  
BOCA RATON FL 33431**

Mailing Address

**C/O MICHAEL PINES  
4720 NW BOCA RATON BLVD., STE. D-107  
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**75-3005114**

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

**PINES, MICHAEL  
4720 NW BOCA RATON BLVD., STE. D-107  
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Managing member** ☐ Delete  
NAME **Michael Pines**  
STREET ADDRESS **4720 NW Boca Raton Blvd. Ste-D 107**  
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **Managing member** ☐ Delete  
NAME **Frank Beck**  
STREET ADDRESS **6181 Miami Lakes Drive East**  
CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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)(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:

**Michael A. Pines**

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

**2/15/03**

Date

**561.988.0045**

Daytime Phone #

CR2E083 (10/02)