

2001 UNIFORM BUSINESS REPORT (UBR)

0009457 AF

DOCUMENT # L990000000037

1. Entity Name
A & R SOBE, LLC

FILED

01 APR 25 PM 5: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1 CASUARINA CONOURSE
CORAL GABLES FL 33143

Mailing Address
1 CASUARINA CONOURSE
CORAL GABLES FL 33143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0883467**

Applied For
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATHMAN, WAYNE M
HABER, LEWIS & PATHMAN, LLP
2 SOUTH BISCAYNE BLVD., SUITE 2400
MIAMI FL 33131

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 _____
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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **POTAMKIN, ALAN H**
STREET ADDRESS **1 CASUARINA CONOURSE**
CITY-ST-ZIP **CORAL GABLES FL 33143**

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

TITLE **MGR** ☐ Delete
NAME **POTAMKIN, ROBERT M**
STREET ADDRESS **1 CASUARINA CONOURSE**
CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: **ALAN H. POTAMKIN** 4/22/01 305-665-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)