

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001043

1. Entity Name
JAGO PROPERTIES, L.L.C.

FILED

01 JUN 14 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10 PALM AVENUE
MIAMI BEACH FL 33139

Mailing Address
10 PALM AVENUE
MIAMI BEACH FL 33139

FEIN#65-0922280



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
c/o Alan E. Krinzman
Suite, Apt. #, etc.
133 Sevilla Avenue
City & State
Coral Gables, Florida
Zip
33134
Country
USA

4. FBI Number
APPLIED FOR
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KRINZMAN, ALAN E
ROLLNICK & LINDEN
133 SEVILLA AVENUE
CORAL GABLES FL 33134

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 *Alan E. Krinzman* 6/5/01
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

500004423215--0
-06/15/01--01095--027
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAGODZINSKI, CHRISTIAN 10 PALM AVENUE MIAMI BEACH FL 33139	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Manager Alan E. Krinzman 133 Sevilla Avenue Coral Gables, Florida 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 E. Krinzman* Co-Manager 444-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 6/5/01 Office Phone #

CR2E083 (11/00)