

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90082 043 \*\*\*\*50.00

**DOCUMENT # L99000005508**

1. Entity Name

**PLAZA ISLE, LLC**

Principal Place of Business

~~220 71ST STREET~~  
~~SUITE 209~~  
~~MIAMI BEACH FL 33141~~

Mailing Address

~~220 71ST STREET~~  
~~SUITE 209~~  
~~MIAMI BEACH FL 33141~~

909508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**210-71 Street**

3. Mailing Address

**210-71 Street**

Suite, Apt. #, etc.

**309**

Suite, Apt. #, etc.

**309**

City & State

**Miami Beach, FL**

City & State

**Miami Beach, FL**

4. FEI Number

**65-0947385**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

Zip

**33141**

Country

**USA**

Zip

**33141**

Country

**USA**

6. Name and Address of Current Registered Agent

**PIOTRKOWSKI, JOEL S ESQ**  
**317 71ST STREET**  
**MIAMI BEACH FL 33141**

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  Delete  
 NAME **YEHEZKEL, HAIM**  
 STREET ADDRESS **220 71ST STREET SUITE 209**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

10. ADDITIONS/CHANGES

TITLE **MGRM**  Change  Addition  
 NAME **Yehezkel, HAIM**  
 STREET ADDRESS **210-71 Street # 309**  
 CITY-ST-ZIP **Miami Beach, FL 33141**

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  
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 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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 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:

**Haim Yehezkel**

**1/11/02 (305) 864-8885**

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

Date

Daytime Phone #

CR2E083 (9/01)