

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007468**

1. Entity Name
HABER WESTERN RANCHES LLC

FILED

00 JAN 28 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% ARNOLD HABER % ARNOLD HABER
5055 COLLINS AVE #3D 5055 COLLINS AVE #3D
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-2708

2. Principal Place of Business 3. Mailing Address
ABOVE *ABOVE*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
103-205971 Not Applicable

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

HABER, ARNOLD
5055 COLLINS AVENUE #3D
MIAMI BEACH FL 33140

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 Delete
NAME *MANAGING MEMBER*
STREET ADDRESS *ARNOLD HABER*
CITY-ST-ZIP *5055 COLLINS AVE #3D*
M.B. FL. 33140

Change Addition
TITLE *800003121738--5*
NAME *-02/02/00--01108--020*
STREET ADDRESS ******50.00 *****50.00*
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition
TITLE
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: *ARNOLD HABER* *ARNOLD HABER* Date Daytime Phone #