

2001 UNIFORM BUSINESS REPORT (UBR)

0009872 AF

DOCUMENT # M96000000294

1. Entity Name
DEZER PROPERTIES LLC

Principal Place of Business

8701 COLLINS AVENUE
MIAMI BEACH FL 33154

Mailing Address

8701 COLLINS AVENUE
MIAMI BEACH FL 33154

2. Principal Place of Business

18101 Collins Avenue

3. Mailing Address

18101 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

13-2816452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEZERTOV, NEOMI
8701 COLLINS AVENUE
MIAMI BEACH FL 33154

7. Name and Address of New Registered Agent

Name Ronald R. Fieldstone
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle
Suite 601
City Coral Gables FL Zip Code 33134

8. The above named entity submits this document for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

3/7/01

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

TITLE NAME MGRM DEZER, MICHAEL ☐ Delete
STREET ADDRESS 8701 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33154

TITLE NAME MGRM DEZERTOV, NEOMI ☐ Delete
STREET ADDRESS 8701 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33154

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003994302--0
CITY-ST-ZIP -04/12/01--01066--002
*****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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:

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

Neomi Dezertov

Date

Daytime Phone #

3/28/01

212-929-1285

CR2E083 (11/00)

FILED

01 APR -2 PM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE