## 2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFORM BUS	ME33 KEPU	'Kı	(UDN)						
DOCUMENT # M9600000294  1. Entity Name							,	.'		
DEZER PROPERTIES LLC					FILED "					
Principal Place of Business Mailing Address					00 MAR 12 PM 1:52					
8701 COLLINS AVENUE MIAMI BEACH FL 33154		8701 COLLINS AVENUE MIAMI BEACH FL 33154-3403		SECRETARY OF STATE						
MIAMI DEAGII	FE 30134	MICHI CENOTTE SOLOTO	,,,,,		} 		F FI ORII	) A: 	i <b>()()</b> ()()	
2 Principal P	loop of Business	2 Mailing Address	3. Mailing Address							
2. Principal Place of Business										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI N	13-2816452		<del></del>	ed For pplicable		
Zip	Country	Zip Coun		гу	5. Certificate of Status Desired					
6. Name and Address of Current		tegistered Agent		Name	7. Name	and Address of New Regis	tered Agent			
DEZERTOV, NEOMI					Street Address (P.O. Box Number is Not Acceptable)					
8701 COLLINS AVENUE MIAMI BEACH FL 33154				Silest Address (F.O. Box Number is Not Acceptable)						
MIAMI BE	AUTI FL 33154	_		City		<del>-</del>	FL Zip	Code		
8. The above named entity submits this statement for the purpose of changing its registere										
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 N	OW!!! F	EE IS \$50.00						
		Make Check Pa	yable to	Department o	f State					
9.	MANAGING MEMBI		10.			ADDITIONS/CHA	NGES Cha		Addition	
TITLE MAME	DEZER, MICHAEL	☐ Delate	TITLE RAMI				[	iiğe [		
STREET ADDRESS CITY-ST-ZIP	8701 COLLINS AVENUE MIAMI BEACH FL 33154			ET ADDRESS 81-zip					į	
TITLE	MGRM	☐ Delate	TITLE		· <u>·</u>		Cha		Addition	
NAME STREET ADURESS	DEZERTZOV, NEOMI 8701 COLLINS AVENUE			ET ADDRESS	~ -	- <b>4000032</b> -04/24/0			>  mi	
CITY-81-ZIP	MIAMI BEACH FL 33154	☐ Delete	CITY-	8T-ZIP **		*****5	).00 ++	¥***5 nge T	Addition	
NAME			MAM	E						
STREET ADDRESS City-8t-zip	•			ET ADDRESS ST-ZIP						
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NAME STREET ADDRESS	, ,		NAMI 27RF	E Et address						
CITY-81-ZIP				\$T-ZIP						
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS • ST- ZIP					į	
11 I hereby (	certify that the information supplied with	this filing does not qualify fo	r the exe	motion stated in Se	ection 119.	07(3)(i), Florida Statutes. I furti	ner certify that	the info	rmation f the	
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 his report as required by Chapter 608, Florida Statutes.										
SIGNAT	TIRE. SIGNER	MAE BELLO	24	5	•	4/6/00				
JIGIYAI	SIGNATURE AND TYPED OR PRI	VITED NAME OF SIGNING MANAGING	MEMBER O	R MANAGER		Date	Daytime Pho	ne #		