

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000010429

1. Entity Name

SEVILLA ASSOCIATES, LLC

FILED

01 JAN 25 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

241 SEVILLA AVE., PENTHOUSE 2
CORAL GABLES FL 33134

Mailing Address

241 SEVILLA AVE., PENTHOUSE 2
CORAL GABLES FL 33134

2. Principal Place of Business

2631 Ponce de Leon Blvd

3. Mailing Address

2631 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL. 33134

4. FEI Number

65-1038045

Applied For

Not Applicable

Zip

33134

Country

Miami-Dade

Zip

33134

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.

236 E. 6TH AVENUE

TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name Debrah Bennett

Street Address (P.O. Box Number is Not Acceptable)

2631 Ponce de Leon Blvd

City

Coral Gables, FL.

FL

Zip Code
33134

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

TITLE Managing Member ☐ Delete
NAME Michael F. Kashtan
STREET ADDRESS 5395 Fairchild Way
CITY-ST-ZIP Coral Gables, FL. 33156

TITLE Managing Member ☐ Delete
NAME William H. Kerdyk, Jr.
STREET ADDRESS 6601 Riviera Drive
CITY-ST-ZIP Coral Gables, FL. 33146

TITLE Managing Member ☐ Delete
NAME Kim R. Kerdyk
STREET ADDRESS 5531 SW 70 Place
CITY-ST-ZIP Miami, FL. 33155

TITLE Managing Member ☐ Delete
NAME Debrah Bennett
STREET ADDRESS 915 Bayamo Avenue
CITY-ST-ZIP Coral Gables, FL. 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 700003601947-2
STREET ADDRESS -01/30/01--01085--015
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

CR2E083 (11/00)