

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-13-2002 90099 050 ***150.00

DOCUMENT # L01000020325

1. Entity Name

MIAMI IPC (655), LLC

Principal Place of Business

C/O 301 174TH ST., UNIT 2214
 SUNNY ISLES BEACH FL 33160

Mailing Address

C/O 301 174TH ST., UNIT 2214
 SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

655 N.E 149 st

Suite, Apt. #, etc.

3. Mailing Address

1874 N.E 170 st

Suite, Apt. #, etc.

City & State

N.M.B FL

Zip 33162

Country

Osade

City & State

N.M.B FL

Zip 33162

Country

Osade

4. FEI Number

65-1157232

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
 Fee Required

8. Name and Address of Current Registered Agent

MARCUS, ALAN J
 20803 BISCAYNE BLVD., STE. 301
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name chaim kleinman

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

301 174 st # 2214

City Sunny Isles Bch FL

Zip Code 33160

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

Chaim Kleinman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME P chaim kleinman ☐ Delete
 STREET ADDRESS 301 174 st # 2214
 CITY-ST-ZIP Sunny Isles Bch FL 33160

TITLE NAME V.P Isaac Miller ☐ Delete
 STREET ADDRESS 2085 San Simeon way #105
 CITY-ST-ZIP N.M.B FL 33169

TITLE NAME S. Esther Kleinman ☐ Delete
 STREET ADDRESS 301 174 st # 2214
 CITY-ST-ZIP Sunny Isles Bch FL 33160

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
 CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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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:

Chaim Kleinman

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

Date

Daytime Phone #

3/1/2002 305 747 2202

CR2E083 (9/01)