

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90225 022 ****50.00

DOCUMENT # L99000004641

1. Entity Name
1350 COLLINS AVENUE, L.L.C.

Principal Place of Business

% MICHAEL GLEISSNER
 300 S. POINTE DRIVE, PH2
 MIAMI BEACH FL 33139

Mailing Address

% MICHAEL GLEISSNER
 300 S. POINTE DRIVE, PH2
 MIAMI BEACH FL 33139

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

210 KATCHED, CANNER & GLODY, P.A.

12340 NW 6TH CT

NORTH MIAMI, FL

33161

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0943777**

Applied For
 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

KRINZMAN, ALAN E ESQ.
133 SEVILLA
CORAL GABLES FL 33134

Name

Alan E. Krinzman

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

2601 S. Bayshore Drive

Suite 1600

City

Miami

FL

Zip Code

33133

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
GLEISSNER, MICHAEL
300 S. POINTE DR., PH2
MIAMI BEACH FL 33139 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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

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: **ALAN E. KRINZMAN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/10/02 **305 858-5555**

CR2E083 (9/01)