

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90216 029 \*\*\*\*50.00

**DOCUMENT # L02000016623**

1. Entity Name

**CENTRUM TOWERS, L.L.C.**



Principal Place of Business

Mailing Address

~~7765 SW 8TH AVENUE, SUITE 100~~  
~~MIAMI FL 33173~~

~~7765 SW 8TH AVENUE, SUITE 100~~  
~~MIAMI FL 33173~~

2. Principal Place of Business

3. Mailing Address

**6401 SW 87 AVE**

**6401 SW 87 AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 212**

**SUITE 212**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33173**

Country

**USA**

Zip

**33173**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**41-2050597**

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

**WEINBERG, STEVEN A**  
**C/O FRANK, WEINBERG & BLACK, P.L.**  
**7805 S.W. 8TH COURT**  
**PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **MOORE, RAOULPH A.**  
STREET ADDRESS **6401 SW 87 AVE #212**  
CITY-ST-ZIP **MIAMI, FL 33173**

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

TITLE **MGR** ☐ Delete  
NAME **WESTON, KENNETH**  
STREET ADDRESS **7765 SW 87 AVE #212 100**  
CITY-ST-ZIP **MIAMI, FL 33173**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 #

**SIGNATURE REQUIRED**  
**MOORE, RAOULPH A., MGR**

**1-14-2003 305-274-1742**

CR2E083 (10/02)