

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90014 010 \*\*\*\*55.00

DOCUMENT # L02000033945

1. Entity Name

2526 N.E. 191 ST. LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2526 N.E. 191 ST.

3. Mailing Address

1925 N.E. 193 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL.

City & State

NORTH MIAMI BEACH, FL.

4. FEI Number (EIN)  
59-3763686

Applied For

Not Applicable

Zip

33180

Country

U.S.A.

Zip

33179

Country

U.S.A.

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

NESTOR BROMBERG

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

1925 N.E. 193 ST.

City

NORTH MIAMI BEACH

FL

Zip Code

33179

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR.  
SYLVIA BROMBERG  
1925 N.E. 193 ST.  
NORTH MIAMI BEACH, FL. 33179

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR.  
NESTOR BROMBERG  
1925 N.E. 193 ST.  
NORTH MIAMI BEACH, FL. 33179

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IN THIS SPACE**

CR2E083B (12/02)

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:

NESTOR BROMBERG

3/9/2003 (305)535-4181

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

Date

Daytime Phone #