

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0022478

DOCUMENT # L01000019260

1. Entity Name

1951 - 1997 SOUTH MILITARY TRAIL, L.L.C.



FILED

03 APR -9 AM 7:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business

20801 BISCAYNE BLVD.
SUITE 505
AVENTURA FL 33180

Mailing Address

20801 BISCAYNE BLVD.
SUITE 505
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

4044 MERIDIAN AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3A

City & State

City & State

MIAMI BEACH FL

Zip

Country

Zip

Country

4. FEI Number 01-0694367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLOW, JEFFREY M ESQ.
20801 BISCAYNE BLVD.
SUITE 505
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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 LEVY, PROSPER
STREET ADDRESS 3 KIKAR ITSHAK RABIN 64163
CITY-ST-ZIP TEL AVIV, ISRAEL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200015494902
CITY-ST-ZIP 04/09/03--01007--017 **50.00

TITLE MGR ☐ Delete
NAME BOAZIZ, MORDECHAI
STREET ADDRESS 4044 NORTH MERIDIAN AVENUE, SUITE 3A
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 (10/02)