

2003 LIMITED LIABILITY CO. UNIFORM BUSINESS REPORT (UBR)

55-00

DOCUMENT # L01000013735

1. Entity Name
BAY PALM APARTMENTS, L.C.



FILED

03 SEP 18 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2185 N.E. 123RD STREET
NORTH MIAMI, FL 33181

Mailing Address
2091 E COUNTRY CLUB DRIVE
C/O MIRIT MENDELSON STE 2701
MIAMI, FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1131950

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORN, GARY ESQUIRE
LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD, SUITE 601
AVENTURA, FL 33180

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.

(If Other Registered Agent's Signature Required, attach separate signature page.)

DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
ILAN, MENDELSON
2185 NE 123 RD STREET
MIAMI, FL 33181 ☐ Delete

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

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09/18/03--01059--028 **\$5.00
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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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR25033 (4/02)