2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # 707580** 1. Entity Name BISCAYNE LAKE GARDENS BUILDING "B". INC. 03-22-2000 90034 006 ****61.25 Principal Place of Business Mailing Address 2880 NE 203RD ST 2880 NE 203RD ST MIAMI|FL 33180-4106 MIAMI FL 33180 2. Principal Place of Business 3. Mailing Address 2865 NE 201 Terr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1742465 Aventura, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33180 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEVINE, RALPH 2880 N.E. 203 ST. **MIAMI FL 33180** City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE TD ☐ Defete TITLE NAME LEVINE, RALPH STREET ADDRESS STREET ADDRESS 2880 NE 203 ST CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE **O**9V NAME NAME NILSEN, PETER STREET ADDRESS STREET ADDRESS 2880 NE 203RD ST #B-8 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** Change Addition ☐ Delete TITLE TITLE NAME HARRISON, RAYMOND NAME STREET ADDRESS STREET ADDRESS 2880 NE 203 ST CITY-ST-7IE CITY-ST-ZIP AVENTURA FL ☐ Change ☐ Addition VPD2 ☐ Delete TITLE TITLE DESJARDINS, CLAUDE NAME NAME STREET ADDRESS STREET ADDRESS 2880 NE 203RD ST #B-32 CITY-ST-ZIP CITY-ST-ZIE <u>Aventura FL 33180</u> TITLE ☐ Delete TITLE ☐ Change Addition NAME HAGER, GABRIELLE STREET ADDRESS STREET ADDRESS 2880 NE 203RD ST #B-6 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 ☐ Change Addition TITLE ☐ Delete TITLE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Raymond Harrison Epresident SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-931-0642

Daytime Phone #