

2001 UNIFORM BUSINESS REPORT (UBR)

0004691 AF

DOCUMENT # **A99000001743**

1. Entity Name

LCME ENTERPRISES LIMITED PARTNERSHIP

FILED

01 APR 26 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1164-B NORMANDY DRIVE
MIAMI BEACH FL 33141**

Mailing Address

**1164-B NORMANDY DRIVE
MIAMI BEACH FL 33141**

2. Principal Place of Business

1814 NE MIAMI GARDENS DR.

3. Mailing Address

1814 NE MIAMI GARDENS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#500

#500

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33179

Country

Zip

33179

Country

4. FEI Number

65-0939684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEIN, CRAIG EDWARD ESQ.
1164-B NORMANDY DRIVE
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name

ISAAC MITRANI

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

ONE SE. THIRD AVE

Suite 2200

City

MIAMI

FL

Zip Code

33131

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

[Signature] **Isaac Mitrani**

4/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$913,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P99000070138**
NAME **LCME ENTERPRISES, INC.**
STREET ADDRESS **1164-B NORMANDY DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1814 NE MIAMI GARDENS DR., #500

CITY-ST-ZIP

NORTH MIAMI BEACH, FL 33179

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature] **Craig Edwards Stein**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4/17/01 (305) 867-3663

Daytime Phone #

CR2E003 (11/00)