

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000061

1. Entity Name

DACRA POWER PLANT VILLAGE LLC

Principal Place of Business

230 FIFTH STREET
MIAMI BEACH FL 33139

Mailing Address

230 FIFTH STREET
MIAMI BEACH FL 33139

2. Principal Place of Business

1632 Pennsylvania Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Address

1632 Pennsylvania Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. FEI Number

65-0976465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

EBIN, LINDA ESQ.

1399 SW FIRST AVE., SUITE 301

MIAMI FL 33130-4388

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.

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 Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DACRA POWER PLANT VILLAGE INC.
STREET ADDRESS 230 FIFTH STREET
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE MGRM
NAME ROBINS, CRAIG
STREET ADDRESS 230 FIFTH STREET
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Dacra Power Plant Village Inc.
STREET ADDRESS 1632 Pennsylvania Avenue
CITY-ST-ZIP Miami Beach, FL 33139 ☒ Change ☐ Addition

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

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

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

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

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

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:

STEVEN G. FENSTEIN

V.P.

9/6/01

(305) 531-8700

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

Date

Daytime Phone #

0000336

FILED

01 SEP 14 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

CR2E083 (5/01)