

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000168

1. Entity Name

WEITZER LAS BRISAS HOMES, LLC

FILED

01 APR 20 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7900 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33016

Mailing Address

7900 MIAMI LAKES DRIVE  
MIAMI LAKES FL 33016

2. Principal Place of Business

7296 S FEDERAL Highway  
Suite, Apt. #, etc.

3. Mailing Address

7296 S FEDERAL Highway  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HYPOCUNO, FL

Zip 33462

Country

City & State

HYPOCUNO, FL

Zip 33462

Country

4. FEI Number

65-0975112

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REINHARD, SANDFORD N  
2875 NE 191 STREET #404  
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.

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

9. MANAGING MEMBERS/MEMBERS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MGM  
WEITZER, HARRY  
3725 NE 214 STREET  
AVENTURA, FL 33180-4015

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
3000040845783  
-04/27/01--01043--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:

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

Date

Daytime Phone #

4/15/01

CR2E083 (11/00)

0006888 AF