

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000392

1. Entity Name

UIRT - SKIPPER PALMS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 20 AM 9:18

6/3

Principal Place of Business

5847 SAN FELIPE, STE. 850
HOUSTON TX 77057

Mailing Address

5847 SAN FELIPE, STE. 850
HOUSTON TX 77057

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1696 NE Miami Gardens Dr

Suite, Apt. #, etc.

1696 NE Miami Gardens Dr.

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33179

Country

USA

Zip

33179

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0630653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DENNIS P
100 EAST MAIN STREET
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

MARCUS, ALAN J

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

20803 BISCAYNE BLVD

SUITE # 301

City

AVENTURA

FL

Zip Code

33180

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

4/8/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

100005574677-3
-05/20/02--01059--011
1250.00 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMNER, R. STEVEN 5847 SAN FELIPE, STE. 850 HOUSTON TX 77057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P KATZMAN, CHAIM 1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179	
VP VALERO, DORON 1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

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

4/15/02

CR2E083 (9/01)