

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000417

1. Entity Name

TRIBECA, L.L.C.

Principal Place of Business

934 16th St., #6
Miami Beach, FL
33139

Mailing Address

934 16th St., #6
Miami Beach, FL
33139

2. Principal Place of Business

1551 Lenox -

3. Mailing Address

1551 Lenox

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

#2

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0973316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARY L. BROWN, ESQ.
20803 Biscayne Blvd., #200
Aventura, FL 33180

7. Name and Address of New Registered Agent

Name

GARY L. BROWN, ESQ.

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

4000 Hollywood Blvd.

#265-S

City

Hollywood

FL

Zip Code

33021

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 re-appointing)

DATE

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME ANDREA GREENWALD
STREET ADDRESS 1551 Lenox, #2
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 #

305-604-6005

FILED

01 JUL 13 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****50.00 *****50.00

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)