

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000809

1. Entity Name

DOUGLAS PEMBROKE LAND, L.L.C.

FILED

01 FEB -8 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10471 SW 126 ST.
MIAMI FL 33176

Mailing Address

10471 SW 126 ST.
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0980029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSS, LESLIE JAY ESQ.
10471 SW 126 ST.
MIAMI FL 33176

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

10. ADDITIONS / CHANGES

TITLE PD
NAME MADHANI, NAZIR
STREET ADDRESS 1700 Douglas Rd.
CITY-ST-ZIP MIAMI, FL 3025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 500003708795--9
02/19/01-01014-001

TITLE UPD
NAME GIOVANNETTI, PAUL
STREET ADDRESS 1345 SW 106 Ave.
CITY-ST-ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *****50.00 *****50.00

TITLE STD
NAME GROSS, LESLIE JAY
STREET ADDRESS 10471 SW 126 ST
CITY-ST-ZIP MIAMI, FL 33176

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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

2/2/01

Date

305-235-1323

Daytime Phone #

LESLIE JAY GROSS

CR2E083 (11/00)

0010958 AF