

2001 UNIFORM BUSINESS REPORT (UBR)

0018180 AF

DOCUMENT # L00000000926

1. Entity Name
PALMA CEIA EXECUTIVE APARTMENTS, LLC

FILED

02 FEB -8 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5103 RAWLS ROAD
TAMPA FL 33624

Mailing Address
P.O. BOX 272108
TAMPA FL 33688-2108



DO NOT WRITE IN THIS SPACE

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

59-3621367

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
BARRY MEYERSON
Street Address (P.O. Box Number is Not Acceptable)
3314 HENDERSON BLVD #101
City
TPA FL Zip Code
33609

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
BARRY MEYERSON EA

(NOTE: Registered Agent signature required when applicable)

DATE

1/10/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

108004916181--2
-02/13/02--01068--016
****150.00 ****150.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
CANDIDO LLANO
5703 RAWLES Rd
TPA FL 33624

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
MICHAEL CUEVAS
5103 RAWLES Rd
TPA FL 33624

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

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☐ 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

12/5/0

Date

Daytime Phone #

CR2E083 (11/00)