

2001 UNIFORM BUSINESS REPORT (UBR)

0010751 AF

DOCUMENT # L00000001694

1. Entity Name

WEST BELL HAVEN, LLC

Principal Place of Business

Mailing Address

C/O ISRAEL LAPCIUC
1430 NW 88TH AVE.
MIAMI FL 33172

C/O ISRAEL LAPCIUC
1430 NW 88TH AVE.
MIAMI FL 33172

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

☒ 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

LAPCIUC, MARCOS
1430 NW 88TH AVE.
MIAMI FL 33172

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 ☐ Delete
NAME President
STREET ADDRESS ISRAEL LAPCIUC
CITY-ST-ZIP 1753 N. VIEW DRIVE
MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME 400003662674-1
STREET ADDRESS -02/09/01--01007--002
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME Secretary
STREET ADDRESS MARCOS LAPCIUC
CITY-ST-ZIP 901 W 43RD ST
MIAMI BEACH FL 33140

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

1/18/01

305-592-4500

CR2E083 (11/00)

FILED
01 FEB -1 PM 3: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE