

2001 UNIFORM BUSINESS REPORT (UBR)

001350 AF

DOCUMENT # L00000002137

1. Entity Name

2102 YACHT CLUB, L.C.

Principal Place of Business

2999 N.E. 191ST STREET, SUITE 900
AVENTURA FL 33180

Mailing Address

2999 N.E. 191ST STREET, SUITE 900
AVENTURA FL 33180

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

65-0984986

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

SCHIFFMAN, ADAM R

2999 N.E. 191ST STREET, SUITE 900
AVENTURA FL 33180

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

400004035124--5
-04/20/01--01054--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
SCHIFFMAN, ADAM R
STREET ADDRESS 2999 N.E. 191ST STREET, SUITE 900
CITY-ST-ZIP AVENTURA FL 33180

TITLE NAME ☒ Change ☐ Addition
Manager
Herve Hayoun
STREET ADDRESS 2999 N.E. 191 Street, Suite 900
CITY-ST-ZIP Aventura, Florida 33180

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
Manager
Chantal Hayoun
STREET ADDRESS 2999 N.E. 191 Street, Suite 900
CITY-ST-ZIP Aventura, Florida 33180

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

03/10/2001

Date

Daytime Phone #

CR2E083 (11/00)

FILED
01 APR 13 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE