

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90071 035 ****50.00

DOCUMENT # L00000002559

1. Entity Name

101 EL VEDADO, L.L.C.

Principal Place of Business

% HECH & CO., NEIL H. MILLMAN
111 W. 40TH ST., 20TH FLOOR
NEW YORK NY 10018

Mailing Address

% HECH & CO., NEIL H. MILLMAN
111 W. 40TH ST., 20TH FLOOR
NEW YORK NY 10018

2. Principal Place of Business

101 El Vedado way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH, FLA

City & State

Zip

33480

Country

Zip

Country

4. FEI Number

65-0994600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADLER, LEONARD
2255 GLADES RD., STE 419A
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

~~KENN KARAKUL~~ JAMES HELD

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

754 SOUTH COUNTY ROAD

City

PALM BEACH

FL

Zip Code

33480

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

MGRM
KARAKUL, KENN
754 SO COUNTRY ROAD
PALM BEACH FL 33480

TITLE NAME ☐ Delete

MGRM
HELD, JAMES G
754 SO COUNTRY ROAD
PALM BEACH FL 33480

TITLE NAME ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition

NAME
754 SOUTH COUNTY ROAD

TITLE NAME ☒ Change ☐ Addition

NAME
754 SOUTH COUNTY ROAD

TITLE NAME ☐ Change ☐ Addition

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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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)