

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

0011312 AF

DOCUMENT # L00000002709

Entity Name
1403 YACHT CLUB, L.C.

01 APR -2 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2999 NE 191ST STREET
SUITE 900
AVENTURA FL 33180

Mailing Address

2999 NE 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

4. FEI Number

65-0985976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R
2999 NE 191ST STREET
SUITE 900
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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

200003996392-9
-04/13/01-01027-006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME TORRE, RAUL ALTA ☐ Delete
STREET ADDRESS 2999 NE 191ST STREET SUITE 900
CITY-ST-ZIP AVENTURA FL 33180

TITLE MGR
NAME TORRE, LORENA ALTA ☐ Delete
STREET ADDRESS 2999 NE 191ST STREET SUITE 900
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME ALTA TORRE, RAUL
STREET ADDRESS 2999 N.E. 191 Street, Suite 900
CITY-ST-ZIP Aventura, Florida 33180

TITLE MGR ☒ Change ☐ Addition
NAME ALTA TORRE, LORENA
STREET ADDRESS 2999 N.E. 191 Street, Suite 900
CITY-ST-ZIP Aventura, Florida 33180

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

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

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

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 #

MARCH 9th, 2001

CR2E083 (11/00)