

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003060

1. Entity Name
SERGIO'S PARK PLACE PROPERTIES, LLC

Principal Place of Business
407 PARK PLACE
HOMESTEAD FL 33030

Mailing Address
407 PARK PLACE
HOMESTEAD FL 33030

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MAJ

2. Principal Place of Business

3. Mailing Address

PEREZ BEHAR & ASSOC., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13935 NW 1st AVENUE

City & State

City & State

MIAMI, FLORIDA 33168

4. FEI Number

65-0989365

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEREZ, BEHAR & ASSOCIATES, P.A.
13935 NW 1ST AVENUE
N MIAMI FL 33168

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

500004430265--6
-06/19/01--01083--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 908, Florida Statutes.

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

Date: 4/30/01 Daytime Phone #: 305-688 9694

CR2E083 (11/00)