2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # L0000003753 | | | | | FILED | | | |
|---|--|---|-------------------------------|--|---|--|-----------------------------|--|
| 1. Entity Name NINE EAST FLAGLER, L.L.C. | | | | | 01 APR 30 PM 6: 31 | | | |
| | , | | | | • • | | | |
| Principal Place of Business Mailing Address | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| 1 N.E. FIRST STREET #14 1 N.E. FIRST STREET #14 MIAMI FL 33132 MIAMI FL 33132 | | | 4 | | , , , , = = | | | |
| | | | | | | | | |
| 2. Principal Place of Business 3. M 2NE / Street | | 3. Mailing Address 2 NE. / | 2 NE. / Street | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | DO NOT WRI | TE IN THIS SPACE | • | |
| City & State | | City & State Miani | FL | 4. FEIN | lumber | N | pplied For ot Applicable | |
| Zip 331 | Country 3.7 | ^{Zip} 33132 | Country | 5. Certi | icate of Status Desired | S5.00 Ad Fee Require | | |
| | 6. Name and Address of Current I | | | 7. Nam | and Address of New F | Registered Agent | | |
| | . ~ · | سد بيجودين | Name | سنداست سپيا | | | | |
| KATES, LESTER G ESQ. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 807 GABELS INTERNATIONAL PLAZA | | | | | | | | |
| 2655 LEJEUNE ROAD CORAL GABLES FL 33134 | | | City | | | FL Zip Coo | de | |
| | | | | | | re i | | |
| 8. The above | named entity submits this statement for | the purpose of changing its | r∋gistered office o | r registered agent, | or both, in the State of FR | orida. | | |
| SIGNATURE . | | | | | · . | | | |
| - | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE | Registered Agent signal | ture required when reinstati | ng) | DATE | | |
| | | i i | WIII FEE IŞ | | | | | |
| | | Make Check Pa | able to Depart | ment of State | • | | | |
| 9. | MANAGING MEMBE | RS/MEMBERS | 10. | | ADDITIONS | /CHANGES | 20 | |
| TITLE | • | ☐ Delete | TITLE | MGRU | 11 (| ☐ Change | Addition | |
| NAME | | | NAME STREET ADDRESS | 2 117456 | th Gomez | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | Miami | | 32 | | |
| TITLE | | ☐ Delete | TITLE ' | MGRM | , , | ☐ Change | Addition | |
| NAME | | | NAME | Delia | strut | • | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | Mami | FL 3313 | 3 Z | | |
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| NAME | | | NAME | Jeff-S | herman Street #80 | | | |
| STREET ADDRESS City-St-Zip | | | STREET ADDRESS CITY-ST-ZIP | 1 BBNE 1 | FL 3313 | 29 | Į | |
| TITLE - | | □ Delete | TITLE | Miami | , FL 33/3 | Change | Addition | |
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| name Street address (| | | NAME Street Address | | | | j | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| 11. I hereby of indicated | certify that the information supplied with on this report is true and accurate and | this filing does not qualify for that my signature shall have t | the exemption sta | ted in Section 119. | 07(3)(i), Florida Statutes. | I further certify that the ging member or manage | information er of the | |

SIGNATURE: SIGNATURE AND THE PRINTED MANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/01

305 375**0**720

Daytime Phone #