

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # L00000004257

1. Entity Name

HACIENDA COVE INVESTMENTS, LLC

FILED

01 JUN 28 AM 8 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
115 NW 167TH AVE., SUITE 300
NORTH MIAMI BEACH FL 33169

Mailing Address
115 NW 167TH AVE., SUITE 300
NORTH MIAMI BEACH FL 33169

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

65-1009992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRACY, GRANVIL M
115 NW 167TH AVE., # 300
NORTH MIAMI BEACH FL 33169

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

700004476727--8
-07/16/01--01023--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☒ Delete
NAME Saby Behar
STREET ADDRESS 115 NW 167TH AVE., SUITE 300
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE MGRM ☒ Delete
NAME Granvil M. Tracy
STREET ADDRESS 115 NW 167TH AVE., SUITE 300
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE MGRM ☒ Delete
NAME Bruce Jarvis
STREET ADDRESS 115 NW 167TH AVE., SUITE 300
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

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 Saby Behar
STREET ADDRESS 115 NW 167TH AVE., SUITE 300
CITY-ST-ZIP NORTH MIAMI BEACH FL 33169

TITLE ☐ Change ☐ Addition
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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:

Saby Behar, Manager

6/27/01

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

Date

Debiting Phone #

CR2E083 (11/00)