

2001 UNIFORM BUSINESS REPORT (UBR)

0000560 AF

DOCUMENT # L00000005715
1. Entity Name
 FININVEST REALTY GROUP LLC

FILED
 01 APR -6 PM 4:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
 205 ARAGON AVE 205 ARAGON AVE
 CORAL GABLES FL 33134 CORAL GABLES FL 33134

2. Principal Place of Business **3. Mailing Address**
 3370 N.E. 190 STREET 3370 N.E. 190 STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 811 SUITE 811

City & State **City & State**
 AVENTURA, FLORIDA AVENTURA, FLORIDA
Zip **Country** **Zip** **Country**
 33180 USA 33180 USA

4. FEI Number **Applied For**
 65-100 9912 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
 CORPORATE CREATIONS ENTERPRISES, INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name SIMON KARAM
Street Address (P.O. Box Number is Not Acceptable)
 3370 N.E. 190 STREET, SUITE 811
City AVENTURA **FL** **Zip Code** 33180

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 SIMON KARAM 04/03/2001
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

000003996010--9
 -04/12/01--01135--004
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Delete SIMON KARAM 3370 N.E. 190 STREET, SUITE 811 AVENTURA, FLORIDA, 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: SIMON KARAM 04/03/01 (305) 205-6502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)