

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0011913

04-17-2002 90021 008 \*\*\*\*50.00

DOCUMENT # L00000005715

1. Entity Name  
**FININVEST REALTY GROUP LLC**

Principal Place of Business  
**3370 NE 190 STREET, SUITE 811  
 AVENTURA FL 33180**

Mailing Address  
**3370 NE 190 STREET, SUITE 811  
 AVENTURA FL 33180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**848 BRICKELL KEY DRIVE**  
 Suite, Apt. #, etc.  
**SUITE 4405**

3. Mailing Address  
**848 BRICKELL KEY DRIVE**  
 Suite, Apt. #, etc.  
**SUITE 4405**

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number **65-1009912**

Applied For  
 Not Applicable

Zip Country  
**33131 USA**

Zip Country  
**33131 USA**

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

**KARAM, SIMON**  
**3370 NE 190 STREET, SUITE 811**  
**AVENTURA FL 33180**

Name **KARAM, SIMON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**848 BRICKELL KEY DRIVE**  
**SUITE 4405**  
 City **MIAMI** FL Zip Code **33131**

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.

**SIMON KARAM** (NOTE: Registered Agent signature required when reinstating)

**04/10/02** DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>KARAM, SIMON</b> <b>3370 NE 190 ST., STE 811</b> <b>AVENTURA FL 33180</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>KARAM, SIMON</b> <b>848 BRICKELL KEY DRIVE, SUITE 4405</b> <b>MIAMI, FL, 33131</b> <input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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** **04/10/02** **305-205-6502**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #