

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

0031412

DOCUMENT # L00000006165

1. Entity Name

PALMETTO FRONTAGE, L.L.C.

01-28-2002 90021 012 ****50.00

Principal Place of Business

**1320 S. DIXIE HIGHWAY, SUITE 781
 CORAL GABLES FL 33146**

Mailing Address

**C/O CMS. INC.
 P.O. BOX 527828
 MIAMI FL 33152-7828**

Palmetto Frontage LLC

2. Principal Place of Business

3. Mailing Address

1320 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Smith # 781

City & State

Coral Gables FL

4. FEI Number **65-1031901**

Applied For

Not Applicable

Zip

Country

Zip

Country

33146

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

**BROWN, GARY L
 PHILLIPS EISINGER KOSS ROTHSTEIN & ROSEN-
 FELDT, P.A. 4000 HOLLYWOOD BLVD., #265 S
 HOLLYWOOD FL 33021**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
 NAME **GREENWALD, ALLEN R**
 STREET ADDRESS **1320 S. DIXIE HIGHWAY, SUITE 781**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **MGR** ☐ Delete
 NAME **DAVIDE, ANTHONY**
 STREET ADDRESS **7333 CORAL WAY**
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/24/02 305 6674857

CR2E083 (9/01)