

2001 UNIFORM BUSINESS REPORT (UBR)

0001174 AF

DOCUMENT # L00000006498

1. Entity Name
DOWNTOWN 2000 LLC

FILED

01 MAR -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1200 WEST AVE.. APT 906
MIAMI BEACH FL 33139

Mailing Address
1200 WEST AVE.. APT 906
MIAMI BEACH FL 33139



2. Principal Place of Business

1100 WEST AVE.

3. Mailing Address

1100 WEST AVE.

Suite, Apt. #, etc.

1126

Suite, Apt. #, etc.

1126

City & State

MIAMI BEACH FL.

City & State

MIAMI BEACH FL.

Zip

33139

Country

DADE

Zip

33139

Country

DADE

4. FEI Number

☒ 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

TEREM, GIL
1200 WEST AVE APT 906
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

6-IL TEREM

Street Address (P.O. Box Number is Not Acceptable)

1100 WEST AVE 1126

MIAMI BEACH

City

1

FL

Zip Code

33139

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 CHANGE OF ADDRESS

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

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT
NAME GIL TEREM
STREET ADDRESS 1100 WEST AVE 1126
CITY-ST-ZIP MIAMI BEACH FL 33139

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

GIL TEREM

1/24/01

305-8045793

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

Date

Daytime Phone #

CR2E083 (11/00)