

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006885

1. Entity Name

THREE RIVER RESERVE, L.L.C.

Principal Place of Business

Mailing Address

1688 MERIDIAN AVENUE, SUITE 801  
MIAMI BEACH FL 33139

1688 MERIDIAN AVENUE, SUITE 801  
MIAMI BEACH FL 33139

2. Principal Place of Business

3550 BISCAYNE BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33139

Country

Zip

Country

6. Name and Address of Current Registered Agent

MAENZA, JOSEPH

1688 MERIDIAN AVENUE, SUITE 801  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name JOSEPH MAENZA

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

3550 BISCAYNE BLVD #310

City

MIAMI,

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-10-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM JOSEPH MAENZA ☐ Delete  
STREET ADDRESS 3550 BISCAYNE BLVD #310  
CITY-ST-ZIP MIAMI, FL 33139

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

7/10/01

305-573-4634

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1007016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

CR2E083 (5/01)

STAPLE CHECK HERE