

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

0007168 AF

DOCUMENT # L00000006960

1. Entity Name

KEY LARGO EMBASSY RESORT LLC

01 APR 30 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12241 NORTHWEST 11TH STREET
PEMBROKE PINES FL 33026

12241 NORTHWEST 11TH STREET
PEMBROKE PINES FL 33026

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

SAME

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS CAMPOLO, MARIE E
CITY-ST-ZIP 12241 NORTHWEST 11TH STREET
PEMBROKE PINES FL 33026 ☐ Delete

TITLE NAME MGR
STREET ADDRESS CORNEL BUD
CITY-ST-ZIP 12241 NORTHWEST 11TH STREET
PEMBROKE PINES FL 33026 ☒ Delete

TITLE NAME MGR
STREET ADDRESS SAMARA MARK
CITY-ST-ZIP 12241 NORTHWEST 11TH STREET
PEMBROKE PINES FL 33026 ☒ Delete

TITLE NAME MGR
STREET ADDRESS ZIMMERMAN MICHAEL
CITY-ST-ZIP 12241 NORTHWEST 11TH STREET
PEMBROKE PINES FL 33026 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

Marie E. Campolo

MARIE E. Campolo 4/24/01

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

Date

Daytime Phone #

954-438-1764

R2E083 (11/00)