

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000006988**

1. Entity Name
SIGNATURE HARBOUR CENTRE, LLC

FILED

01 JUN -4 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O MR. JOSE CABANAS
782 NW LEJEUNE RD SUITE 637
MIAMI FL 33126

Mailing Address
C/O MR. JOSE CABANAS
782 NW LEJEUNE RD SUITE 637
MIAMI FL 33126

2. Principal Place of Business
40 JOSE CABANAS
10520 NW 26TH STREET
Suite, Apt. #, etc.
SUITE C-201

3. Mailing Address
40 JOSE CABANAS
10520 NW 26TH STREET
Suite, Apt. #, etc.
SUITE C-201

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33172

Country

Zip
33172

Country

4. FEI Number
65-1019544

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
MARTIN, PEDRO A ESQ
GREENBERG & TRURIG PA
1221 BRICKELL AVE SUITE 2100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
CABANAS JOSE E

Street Address (P.O. Box Number is Not Acceptable)
10520 NW 26TH STREET
SUITE C-201

City
MIAMI

FL

Zip Code
33172

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 *Jose E. Cabanas* DATE 4/27/01

Signature or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWLEY, MR. XAVIER 20 VENETIAN WAY MIAMI BEACH FL 33139
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	<input 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

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: *Jose E. Cabanas* DATE 4/27/01 (305) 513-3639

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

0032218 SP

CF2E083 (11/00)