

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0000763 AF

DOCUMENT # L00000007361

1. Entity Name
CUTLER LAKE APARTMENTS, LLC

01 MAY -3 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2100 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES FL 33134

Mailing Address
2100 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPCO INC
2699 S BAYSHORE DR
7TH FLOOR
MIAMI FL 33133

Name FARRA, Miguel G.
Street Address (P.O. Box Number is Not Acceptable) 2699 Bayshore Dr.
City Miami FL Zip Code 33133

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/25/01

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

100004335131--0
-05/31/01--01007--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President ☐ Delete
NAME Ruben E. Garcia
STREET ADDRESS 2100 Ponce de Leon Blvd.
CITY-ST-ZIP Suite 601 Coral Gables, FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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] Roben E. Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/18/2001 Daytime Phone #

CR2E083 (11/00)