

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007487

1. Entity Name
BANYAN SQUARE, LLC

Principal Place of Business
ATTN: BERNARDO BATIEVSKY
19495 BISCAYNE BLVD SUITE 600
AVENTURA FL 33180

Mailing Address
ATTN: BERNARDO BATIEVSKY
19495 BISCAYNE BLVD SUITE 600
AVENTURA FL 33180

FILED
01 JUN 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1025609

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAYNE, SHAWN
200 E BROWARD BLVD
SUITE 1900
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
Henry Batievsky
Street Address (P.O. Box Number is Not Acceptable)
19495 Biscayne Blvd. Suite 600
City Aventura FL Zip Code 33180

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

Henry Batievsky HENRY BATIEVSKY (MANAGING MEMBER) JUNE 20, 2001
(NOTE: Registered Agent signature required when reinstating)

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

500004463235--9
-07/09/01--01007--005
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Bernardo Batievsky	
STREET ADDRESS	19495 Biscayne Blvd. Suite 600	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Mark Batievsky	
STREET ADDRESS	19495 Biscayne Blvd. Suite 600	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Henry Batievsky	
STREET ADDRESS	19495 Biscayne Blvd. Suite 600	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

Henry Batievsky HENRY BATIEVSKY

Date

Daytime Phone #

4/30/01 (305) 933-9200

001311 AF

CR2E083 (11/00)