

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY 14 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000007585**

1. Entity Name

FLORIDIAN APARTMENTS MOTEL, LLC

Principal Place of Business

321
210 MINNESOTA ST
HOLLYWOOD FL 33019

Mailing Address

321
210 MINNESOTA ST
HOLLYWOOD FL 33019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

321 MINNESOTA ST.

3. Mailing Address

321 MINNESOTA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

4. FEI Number

65-1019376

Applied For

Not Applicable

Zip

Country

33019 USA

Zip

Country

33019 USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, MICHAEL
2514 HOLLYWOOD BLVD
SUITE 508
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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: **PRESIDENT** Delete
NAME: **JOSE LUIS GIARDO MGRM**
STREET ADDRESS: **321 MINNESOTA ST.**
CITY-ST-ZIP: **HOLLYWOOD FL 33019**

TITLE: **SECRETARY** Delete
NAME: **MARIAUD DE TORONDA MGRM**
STREET ADDRESS: **321 MINNESOTA ST.**
CITY-ST-ZIP: **HOLLYWOOD, FL 33019**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

TITLE: Change Addition
NAME: **000004376720-6**
STREET ADDRESS: **-06/08/01-01005-009**
CITY-ST-ZIP: *******50.00 *****50.00**

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

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

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

TITLE: Change 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:

Jose Luis Giardo

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

4/19/01 (305) 606-5251

Daytime Phone #