

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010432 AF

DOCUMENT # L00000009149

1. Entity Name  
NORTH DADE INDUSTRIAL PROPERTIES, L.L.C.

FILED

01 APR -2 PM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2020 NE 163RD ST.  
SUITE 300  
N. MIAMI BEACH FL 33162

Mailing Address  
2020 NE 163RD ST.  
SUITE 300  
N. MIAMI BEACH FL 33162

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1031245

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

7. Name and Address of New Registered Agent

DINER, MANUEL ESQ.  
141 NE 3RD AVENUE, SUITE 601  
MIAMI FL 33132

Name JAMES M. ROBBINS  
Street Address (P.O. Box Number is Not Acceptable)  
2020 NE 163 RD ST  
SUITE 300  
City N. MIAMI BEACH FL Zip Code 33162

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 *James M Robbins* JAMES M ROBBINS *James M Robbins* 4-1-01  
(NOTE: Registered Agent signature required when registering) DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES M ROBBINS, TRUST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANAGER 2020 NE 163 RD ST # 300 N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GERALD DAGEN TRUST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANAGER 2020 NE 163 RD ST # 300 N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003963081--8 -04/06/01--01078--004 *****50.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:

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

Date

Daytime Phone #

JAMES M ROBBINS, MGR 4-1-01

954 931-1845

CR2E083 (11/00)