

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011097

1. Entity Name
TRAIL PLAZA POINTE, LLC

FILED

01 MAR -5 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~1111 KANE CONCOURSE, STE. 401~~
BAY HARBOR ISLANDS FL 33154

Mailing Address
~~1111 KANE CONCOURSE, STE. 401~~
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business
COMMUNITY PLANNING ASSOCIATES
Suite, Apt. #, etc.
123 NW 13 ST SUITE 208

3. Mailing Address
123 NW 13 ST
Suite, Apt. #, etc.
208

City & State
BOCA RATON, FL
Zip
33432 Country
U.S.

City & State
BOCA RATON, FL
Zip
33432 Country
US

4. FEI Number
65-1043580

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~SAKOWITZ, ALAN~~
~~1111 KANE CONCOURSE, STE. 401~~
~~BAY HARBOR ISLANDS FL 33154~~

7. Name and Address of New Registered Agent

Name
COMMUNITY PLANNING ASSOCIATES INC (MICHAEL R. KATZ)
Street Address (P.O. Box Number is Not Acceptable)
123 NW 13 ST. SUITE 208
City BOCA RATON FL Zip Code 33432

8. The above named entity certifies 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

3/3/01

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
TRAIL PLAZA POINTE, LLC
1111 KANE CONCOURSE, STE. 401
BAY HARBOR ISLANDS FL 33154 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
TRAIL PLAZA POINTE, LLC
123 NW 13 ST SUITE 208
BOCA RATON, FL 33432 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003888552-9
-03/20/01--01082--015
*****50.00 *****50.00

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

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

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

3/3/01 501-366-6622

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CR2E083 (11/00)