

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000283 AF

DOCUMENT # L00000011216

1. Entity Name  
SUNNY ISLES LUXURY VENTURES, L.C.

Principal Place of Business  
C/O IRVING SHIMOFF, ESQ.  
NATIONSBANK TWR., 100 SE 2ND ST, STE 3920  
MIAMI FL 33131

Mailing Address  
C/O IRVING SHIMOFF, ESQ.  
NATIONSBANK TWR., 100 SE 2ND ST, STE 3920  
MIAMI FL 33131

FILED  
01 MAR 29 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
18101 Collins Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
18101 Collins Avenue  
Suite, Apt. #, etc.

City & State  
Sunny Isles Beach, FL

City & State  
Sunny Isles Beach, FL

4. FEI Number ☒ Applied For  
Not Applicable

Zip Country  
33160 USA

Zip Country  
33160 USA

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

## 6. Name and Address of Current Registered Agent

SHIMOFF, IRVING ESQ.  
NATIONSBANK TWR., 100 SE 2ND ST, STE 3920  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name Ronald R. Fieldstone  
Street Address (P.O. Box Number is Not Acceptable)  
201 Alhambra Circle  
Suite 601  
City Coral Gables FL Zip Code 33134

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: *Ronald R. Fieldstone* RONALD R. FIELDSTONE 3/7/01  
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

600003985716--8  
-04/11/01--01009--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME SHIMOFF, IRVING  
STREET ADDRESS 100 SE 2NDST, STE 3920  
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Dezer, Michael ☐ Change ☒ Addition  
STREET ADDRESS 89 Fifth Avenue, 11th Floor  
CITY-ST-ZIP New York, NY 10003

TITLE MGRM  
NAME Dezertzov, Neomi ☐ Change ☒ Addition  
STREET ADDRESS 89 Fifth Avenue, 11th Floor  
CITY-ST-ZIP New York, NY 10003

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

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: *Neomi Dezertzov* Neomi Dezertzov 3/26/01 212-929-1285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)