2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **L00000011620**

1. Entity Name
ATLANTIC RIMINI, L.L.C.

Principal Place of Business	Mailing Address
17315 COLLINS AVENUE	17315 COLLINS AVENUE
SUNNY ISLES BEACH FL 33160	SUNNY ISLES BEACH FL 33160

2. Principal Place of Business		3. Mailing Address	
1688 MERIDIAN AVE.		1688 MERIDIAN AVE.	
Suite, Apt. #, etc.: SUITE 506		Suite, Apt. #, etc.: SUITE 506	
City & State: MIAMI BEACH FL		City & State: MIAMI BEACH FL	
Zip: 33139	Country: US	Zip: 33139	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1078008** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BEDZOW MICHAEL ESQ.
BEDZOW, KORN, BROWN, MILLER, & ZEMEL, P.A.
20803 BISCAYNE BOULEVARD, SUITE 200
AVENTURA FL
33180 US

7. Name and Address of New Registered Agent

Name: REGISTERED AGENTS OF FLORIDA, LLC
Street Address (P.O. Box Number is Not Acceptable): 100 SE 2ND STREET
SUITE 3500
City: MIAMI **FL** Zip Code: 33131

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 **LEON J. WOLFE, VP** 04/26/2001
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			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	BENHAMOU GILBERT		NAME	BENHAMOU GILBERT	
STREET ADDRESS	17315 COLLINS AVENUE		STREET ADDRESS	1688 MERIDIAN AVE., SUITE 506	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160		CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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: Gilbert Benhamou MGR 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #