

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90215 042 ****50.00

DOCUMENT # L00000011620

1. Entity Name

ATLANTIC RIMINI, L.L.C.

Principal Place of Business

1688 MERIDIAN AVE.
SUITE 506
MIAMI BEACH FL 33139
US

Mailing Address

1688 MERIDIAN AVE.
SUITE 506
MIAMI BEACH FL 33139
US

2. Principal Place of Business

3. Mailing Address

18305 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #402

City & State

City & State

AVENTURA, FL

Zip

Country

Zip

Country

33160

US

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

7. Name and Address of New Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND STREET
SUITE 3500
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BENHAMOU, GILBERT ☒ Delete
STREET ADDRESS 1688 MERIDIAN AVE., SUITE 506
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE MANAGER
NAME GABRIELLA HALE ☐ Change ☒ Addition
STREET ADDRESS 18305 BISCAYNE BLVD #402
CITY-ST-ZIP AVENTURA FL 33160

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: GABRIELLA HALE

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

Date

Daytime Phone #

CR2E083 (9/01)