

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000012087

1. Entity Name
DENIMIKE LLC

FILED

01 JUN 11 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131

Mailing Address
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1046976

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLMAN, GEORGE D
701 BRICKELL AVE. SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name GEORGE D. PERLMAN, P.A.

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

SUITE 3000

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

Manager
Denisse Mitrani ☐ Change ☒ Addition
c/o 701 Brickell Av. Suite 3000
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

Manager
Michael Perez ☐ Change ☒ Addition
c/o 701 Brickell Av. Suite 3000
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

4000004429884-8
-06/19/01--0106780-01 ☐ Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Denisse Mitrani* Denisse Mitrani, Manager

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

Date

Daytime Phone #

CR2E083 (11/00)