

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0016495

DOCUMENT # L00000013455

1. Entity Name

HARBOUR PLACE HOLDINGS, L.L.C.



FILED

03 MAY 12 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

2930 BISCAYNE BLVD
MIAMI FL 33137

Mailing Address

2930 BISCAYNE BLVD
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3679881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTENBURY, SHARON
2930 BISCAYNE BLVD
MIAMI FL 33137

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

000018688617
05/12/03--01005--016 **150.00

9. MANAGING MEMBERS/MANAGERS

TITLE D
NAME KAHN, SONNY
STREET ADDRESS 2930 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE D
NAME GALBUT, RUSSELL
STREET ADDRESS 2930 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE D
NAME MENIN, BRUCE
STREET ADDRESS 2930 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE V
NAME CHRISTENBURY, SHARON
STREET ADDRESS 2930 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE T
NAME ZDON, JOSEPH
STREET ADDRESS 2930 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE S
NAME DACHOH, SHLOMO
STREET ADDRESS 2930 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

10. ADDITIONS/CHANGES

TITLE Assistant Treasurer
NAME Pablo de Almagro
STREET ADDRESS 2930 Biscayne Boulevard
CITY-ST-ZIP Miami, FL 33137 ☐ 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

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 #

SHARON CHRISTENBURY, VP 4/22/03 305-374-5750

CR2E083 (10/02)