

2001 UNIFORM BUSINESS REPORT (UBR)

0009075 AF

DOCUMENT # L00000013629

1. Entity Name
1360 SHARAZAD HOLDINGS, LLC.

Principal Place of Business
308 CONTINENTAL PLAZA
3250 MARY ST
COCONUT GROVE FL 33133

Mailing Address
308 CONTINENTAL PLAZA
3250 MARY ST
COCONUT GROVE FL 33133

FILED

01 APR 27 AM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1092810

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRONIG, STEVEN C
~~308~~ CONTINENTAL PLAZA
3250 MARY ST
COCONUT GROVE FL 33133

Name

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

307 CONTINENTAL PLAZA

3250 MARY STREET

City

COCONUT GROVE

FL

Zip Code

33133

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

4-11-2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEMBER ☐ Delete
NAME DANA GERMAN
STREET ADDRESS 3250 MARY ST #308
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE MEMBER ☐ Delete
NAME DAREN SCHWARTZ
STREET ADDRESS 3250 MARY ST #308
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE MANAGER ☐ Delete
NAME NORMANDY HOLDINGS MANAGER, INC.
STREET ADDRESS 3250 MARY ST. #308
CITY-ST-ZIP COCONUT GROVE, FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

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

DANA GERMAN

4-10-01

305-341-0600

Date

Daytime Phone #

CR2E083 (11/00)