

2001 UNIFORM BUSINESS REPORT (UBR)

0001124 AF

DOCUMENT # L00000013886

1. Entity Name
MBCDC: PROPERTY MANAGEMENT, LLC

FILED

01 FEB -1 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1205 DREXEL AVENUE
MIAMI BEACH FL 33139

Mailing Address
1205 DREXEL AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

945 PENNSYLVANIA AVE

Suite, Apt. #, etc.

3. Mailing Address

945 PENNSYLVANIA AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip
33139

Country

Zip
33139

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DATORRE, ROBERTO

% MIAMI BEACH COMMUNITY DEVELOPMENT CORP.

1205 DREXEL AVENUE

MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
DATORRE, ROBERTO

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

510 MIAMI BEACH COMMUNITY DEVELOPMENT CORP

945 PENNSYLVANIA AVE

City
MIAMI BEACH

FL

Zip Code
33139

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

1/19/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

900003708419--2

-02/16/01--01142--023

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D KENNEDY, KARL
STREET ADDRESS	945 PENNSYLVANIA AVE,
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASSISTANT TREASURER
STREET ADDRESS	GRANEDO, JOSE
CITY-ST-ZIP	945 PENNSYLVANIA AVE
	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T SINE, DAVID
STREET ADDRESS	945 PENNSYLVANIA AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P IOTTA, LISA
STREET ADDRESS	945 PENNSYLVANIA AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DATORRE, ROBERTO
STREET ADDRESS	945 PENNSYLVANIA AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D TOMLIN, DON
STREET ADDRESS	945 PENNSYLVANIA AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139

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 REQUIRED

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

Date

Daytime Phone #

1/19/01 305-5380090

CR2E083 (11/00)