

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013934

1. Entity Name
5100 CENTER, LLC

FILED

01 FEB -2 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business **Mailing Address**
ONE SOUTHEAST THIRD AVENUE, SUITE 1700 ONE SOUTHEAST THIRD AVENUE, SUITE 1700
MIAMI FL 33131 MIAMI FL 33131

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 65-1054473 **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

RAZOOK, RICHARD J
ONE SOUTHEAST THIRD AVENUE, SUITE 1700
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

(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 Delete
NAME MEMBER
STREET ADDRESS MICHEL N. DACCACH
CITY-ST-ZIP ONE SOUTHEAST THIRD AVE
SUITE 1700, MIAMI, FL 33131

TITLE Change Addition
NAME 000003662850--1
STREET ADDRESS -02/09/01--01013--012
CITY-ST-ZIP *****50.00 *****50.00

TITLE Delete
NAME MEMBER
STREET ADDRESS SONIA ZARZUR de DACCACH
CITY-ST-ZIP ONE SOUTHEAST THIRD AVE
SUITE 1700, MIAMI, FL 33131

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

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TITLE Change Addition
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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 REQUIRED**

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

1/24/01

Date

305-350-7200

Daytime Phone #

CR2E083 (11/00)