

2001 UNIFORM BUSINESS REPORT (UBR)

U01314 AF

DOCUMENT # L00000014078

1. Entity Name
S.V. HOLDINGS, LLC

FILED

2001 APR 27 PM 3:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

19024 NE 29TH AVE
AVENTURA FL 33180

Mailing Address

19024 NE 29TH AVE
AVENTURA FL 33180

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMS, BAMBI
19024 NE 29TH AVE
AVENTURA FL 33180

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
KONEKIER, HENRI
STREET ADDRESS 19024 NE 29TH AVE
CITY-ST-ZIP AVENTURA FL 33180 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Change ☒ Addition
The Stone Properties, Inc.
STREET ADDRESS 19024 NE 29TH AVE
CITY-ST-ZIP Aventura, FL 33180

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900004218199-1
CITY-ST-ZIP -05/15/01--0116--018
*****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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: *Bambi Sims*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/01

3059355947

Date

Daytime Phone #

CR2E083 (11/00)