

AMENDED
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000014368**

1. Entity Name

Atlantis LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 APR 16 PM 4:03

Principal Place of Business

Mailing Address

*960 Biarritz Drive
 Apt. 14
 Miami Beach, Florida*

*960 Biarritz Drive
 Apt. 14
 Miami Beach, Florida*

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

65-1056058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Alvaro Csatillo B., P.A.
 1390 Brickell Avenue, Suite 200
 Miami, Florida 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

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 Department of State

700005291747--6
-04/18/02--01012--003
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** *Biarritz Apartment Corp.* ☒ Delete
 NAME *960 Biarritz Drive, Apt. 14*
 STREET ADDRESS *Miami Beach, Florida*
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** *Eduardo D. Saal* ☐ Change ☒ Addition
 NAME *960 Biarritz Drive, Apt. 14*
 STREET ADDRESS *Miami Beach, Florida*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** *Ighal Eliav* ☐ Change ☒ Addition
 NAME *960 Biarritz Drive, Apt. 14*
 STREET ADDRESS *Miami Beach, Florida*
 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

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:

Ighal Eliav Managing Member **4-2-02** **(305) 371-5540**

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

Date

Daytime Phone #

CR2E083 (1/00)