

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90110 032 ****50.00

DOCUMENT # L00000014477

1. Entity Name

NEW DAWN DORAL, LLC



Principal Place of Business

**3006 AVIATION AVE., STE. 2A
COCONUT GROVE FL 33133**

Mailing Address

**3006 AVIATION AVE., STE. 2A
COCONUT GROVE FL 33133**

Ch New Dawn Companies

2. Principal Place of Business

2601 S. Bayshore Drive

3. Mailing Address

2601 S. Bayshore Drive

Suite, Apt. #, etc.

Suite # 200

Suite, Apt. #, etc.

Suite # 200

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

Zip

33133

Country

USA

Zip

33133

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1058199**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HABER, ROBERT M ESQ.
FREEMAN, BUTTERMAN, HABER & ROJAS, LLP
520 BRICKELL KEY DR., STE. 0-305
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

ROBERT M. HABER

Street Address (R.O. Box, Apartment, etc.)

520 BRICKELL KEY DR., STE. 0-305

City

MIAMI

FL

Zip Code

33131

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KAPLAN, JACK**
STREET ADDRESS **3006 AVIATION AVE., STE. 2A**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **MGR** ☐ Delete
NAME **AVILA, EDUARDO**
STREET ADDRESS **3006 AVIATION AVE., STE. 2A**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Kaplan, Jack**
STREET ADDRESS **2601 S. Bayshore Drive, Suite # 200**
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Avila, Eduardo**
STREET ADDRESS **2601 S. Bayshore Drive, Suite 200**
CITY-ST-ZIP **Coconut Grove, FL 33133**

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

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

TITLE ☐ Change ☐ Addition
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 *Jack Kaplan* **REQUIRED**

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

9/1/03 305-851-0400

Date

Daytime Phone #

CR2E083 (4/03)