

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014489

1. Entity Name
MIAMI GARDENS NO. 2, LLC

FILED

01 APR 27 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
ROBERT A. LEVY
1690 SOUTH CONGRESS AVENUE, SUITE 200
DELRAY BEACH FL 33445

Mailing Address
ROBERT A. LEVY
1690 SOUTH CONGRESS AVENUE, SUITE 200
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number
05-1058249

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

LEVY, ROBERT A
1690 SOUTH CONGRESS AVENUE, SUITE 200
DELRAY BEACH FL 33445

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

Robert A. LEVY

4/27/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEVY, ROBERT A
1690 S. CONGRESS AVENUE, SUITE 200
DELRAY BEACH FL 33445 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SADKIN, S. MARTIN
7890 PETERS ROAD, SUITE G-105
PLANTATION FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SADKIN, S. MARTIN
7860 PETERS ROAD SUITE F-111
PLANTATION FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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TITLE
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☐ Change ☐ Addition

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

Date

Daytime Phone #

Robert A. LEVY

4/27/01

561-274-2000

x345

CR2E083 (11/00)

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