

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0001505

DOCUMENT # L00000015283

1. Entity Name

BARON HOLDINGS LLC



FILED

03 SEP 30 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MLJH

Principal Place of Business

1675 MICANOPY AVE.
MIAMI FL 33133

Mailing Address

1675 MICANOPY AVE.
MIAMI FL 33133

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

APPLIED FOR

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

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE., SUITE 900
MIAMI FL 33131

Name

ELI BARON

Street Address (P.O. Box Number is Not Acceptable)

1675 MICANOPY AVE

City

MIAMI

FL

Zip Code

33133

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

10. ADDITIONS / CHANGES

TITLE MGR
NAME BARON, JULIE C
STREET ADDRESS 1675 MICANOPY AVE.
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000023446550
09/30/03--01067--007 **50.00

TITLE MGR
NAME BARON, ELI
STREET ADDRESS 1675 MICANOPY AVE.
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME BOTBOL ARMOND
STREET ADDRESS 1675 MICANOPY AVE
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME BOTBOL SIMON
STREET ADDRESS 1675 MICANOPY AVE
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: ELI BARON

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

7/20/03 305 753 9095

Date

Daytime Phone #

CR2E083 (4/03)