

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015435

1. Entity Name

OKEECHOBEE EQUITIES, L.L.C.

FILED

01 APR 23 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

407 Lincoln Rd.
#9L
Miami Bch, FL
33139

(Same)

2. Principal Place of Business

3. Mailing Address

407 Lincoln Rd
Suite, Apt. #, etc.
9L

407 Lincoln Rd
Suite, Apt. #, etc.
9L

City & State

City & State

Miami Bch, FL

Miami Beach, FL

Zip
33139

Country
USA

Zip
33139

Country
USA

4. FEI Number

65-1055435

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

Therrel Baisden, P.A.
Attn: Ellen Rose
One S.E. Third Ave.
24 Floor
Miami, FL 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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Haim Wiener
407 Lincoln Rd #9L
Miami Bch, FL 33139

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
member
Dania Mark
407 Lincoln Rd #9L
Miami Bch, FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000004164040--0
-05/08/01--01154--025
*****50.00 *****50.00

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 #

DANIA MARK 4/15/01 (305) 538-6070

CR2E083 (11/00)