

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016316

1. Entity Name

SEE ATTACHED
NAME CHANGE

~~MOO FISH PLAZA, LLC~~
BIMINI TWIST PLAZA, LLC

Principal Place of Business

Mailing Address

10677 AVE. P.G.A.
PALM BCH. GARDENS, FL.
33418

FILED

01 MAR -9 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, 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

65-1063257

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

CORPORATE CREATIONS NETWORK, INC.
941 4TH ST. #200
MIAMI BEACH, FL. 33139

Name DEBORAH TAUBE

Street Address (P.O. Box Number is Not Acceptable)
10677 AVE. P.G.A.

City PALM BCH. GARDENS, FL Zip Code 33418

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 JAMES TAUBE MGRM ☐ Delete
STREET ADDRESS 10677 AVE. P.G.A.
CITY-ST-ZIP PALM BCH. GARDENS, FL. 33418

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 900003891279--7

TITLE NAME DEBORAH TAUBE MGRM ☐ Delete
STREET ADDRESS 10677 AVE. P.G.A.
CITY-ST-ZIP PALM BCH. GARDENS, FL. 33418

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP -03/21/01--01112-003
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

CR2E083 (11/00)