

2002-UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 18, 2002 8:00 am
Secretary of State

01-31-2002 90082 029 ****50.00

DOCUMENT # L01000002502

1. Entity Name

AVENTURA OFFICE PARK, L.L.C.

Principal Place of Business

**20500 WEST DIXIE HIGHWAY
NORTH MIAMI HIGHWAY FL 33180**

Mailing Address

**20500 WEST DIXIE HIGHWAY
NORTH MIAMI HIGHWAY FL 33180**

17776

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

65-1080796

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

**BENESON HOLDINGS, INC.
20500 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM / PRESIDENT** ☐ Delete
NAME **BENESON HOLDINGS, INC.**
STREET ADDRESS **20500 WEST DIXIE HIGHWAY**
CITY-ST-ZIP **NORTH MIAMI HIGHWAY FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MEMBER / SECRETARY** ☐ Change ☒ Addition
NAME **DOUBLE CLICK CONSTRUCTION**
STREET ADDRESS **19539 NE 17 AVE**
CITY-ST-ZIP **N. Miami Beach FL 33179**

TITLE ☐ Change ☒ Addition
NAME **LEDERMANARCH INVESTMENT, INC.**
STREET ADDRESS **3899 N.W. 7th STREET**
CITY-ST-ZIP **MIAMI, FLA. 33126**

TITLE ☐ Change ☒ Addition
NAME **MEMBER / VP. FINANCE**
STREET ADDRESS **SAFRAN INVESTMENTS**
CITY-ST-ZIP **19333 COLLINS AVE. APT 2306**
SUNNY ISLES BCH. FLA. 33160

TITLE ☐ Change ☒ Addition
NAME **MEMBER / VP SALES**
STREET ADDRESS **BEJANAE CORP.**
CITY-ST-ZIP **19333 Collins Ave #708**
SUNNY ISLES FL. 33160

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:

SIGNATURE REQUIRED

BENESON

1/18/02 305-935-2538

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

Date

Daytime Phone #

CR2E083 (9/01)