

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90001 035 *****50.00

DOCUMENT # L01000003524

1. Entity Name

LUCHNICK M PROPERTIES, LLC



Principal Place of Business

Mailing Address

**3204 N.W. 79TH AVENUE
MIAMI FL 33127**

**3204 N.W. 79TH AVENUE
MIAMI FL 33127**

2. Principal Place of Business

3. Mailing Address

8539 NW 56th Street

8539 NW 56th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33166

USA

33166

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCHNICK, ALAN T
3204 N.W. 79TH AVENUE
MIAMI FL 33127**

Name

LUCHNICK, ALAN T

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

8539 NW 56th Street

City

Miami

FL

Zip Code

33166

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LUCHNICK, ALAN**
CITY-ST-ZIP **525 W 50TH ST
MIAMI FL 33140**

☒ Change ☐ Addition
TITLE **T**
NAME **LUCHNICK, ALAN**
STREET ADDRESS **525 West 50th Street**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LUCHNICK, JOSELYN**
CITY-ST-ZIP **525 W 50TH ST
BOCA RATON FL 33496**

☒ Change ☐ Addition
TITLE **T**
NAME **LUCHNICK, JOSELYN**
STREET ADDRESS **17191 GRAND BAY DR**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LEAVITT, LAUREN**
CITY-ST-ZIP **421 20TH ST
SANTA MONICA CA 90402**

☐ Change ☐ Addition
TITLE **T**
NAME **LEAVITT, LAUREN**
STREET ADDRESS **421 20th St**
CITY-ST-ZIP **Santa Monica CA 90402**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(305) 471-0075

CR2E083 (10/02)