

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90144 040 \*\*\*\*50.00

**DOCUMENT # L01000003645**

1. Entity Name

**VANNY DEVELOPERS, L.L.C.**

Principal Place of Business

**C/O SERBER & ASSOCIATES, P.A.  
 TURNBERRY PLAZA, STE 801, 2875 NE 191ST ST  
 AVENTURA FL 33180**

Mailing Address

**C/O SERBER & ASSOCIATES, P.A.  
 TURNBERRY PLAZA, STE 801, 2875 NE 191ST ST  
 AVENTURA FL 33180**

**957160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3150 NE 212 st**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**AVENTURA, FL.**

4. FEI Number

**65-1100799**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33180**

**DADE**

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

**SERBER & ASSOCIATES, P.A.  
 TURNBERRY PLAZA, STE 801, 2875 NE 191ST ST  
 AVENTURA FL 33180**

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

**04.22.02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OSOWSKI, BERNARDO TURNBERRY PLAZA, STE 801, 2875 NE 191ST ST AVENTURA FL 33180</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MG VP RICARDO WEINSTEIN 3155 NE 212 st. AVENTURA, FL. 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MG RICARDO DJMAL 3150 NE 212 st. AVENTURA, FL. 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**RICARDO DJMAL (MG)**

**04.22.02**

**(35) 466-1298**

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

Date

Daytime Phone #

CRZE083 (9/01)