

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003810

1. Entity Name

BISCAYNE BUSINESS CENTER, L.C.

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90370 005 \*\*\*\*50.00

Principal Place of Business

1399 CONEY-ISLAND AV  
P.O. BOX 300439  
BROOKLYN NY 11230

Mailing Address

1399 CONEY-ISLAND AV  
P.O. BOX 300439  
BROOKLYN NY 11230

970295



DO NOT WRITE IN THIS SPACE

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 06-1613299

Applied For

Not Applicable

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

VORHAND, HARRY  
12550 BISCAYNE BLVD  
#500  
MIAMI FL 33181

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. 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 Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
HARRY VORHAND  
1399 CONEY-ISLAND AV  
BROOKLYN NY 11230

☐ Delete

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CR2E083 (4/02)

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

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

Date

Daytime Phone #