

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90048 001 ****50.00

DOCUMENT # L01000003938

1. Entity Name

532-538 N. MIAMI AVE. L.L.C.



Principal Place of Business

Mailing Address

**757 NE 77 TERR.
MIAMI FL 33138
US**

**757 NE 77 TERR.
MIAMI FL 33138
US**

20025550



2. Principal Place of Business

532-538 N. MIAMI AV.

3. Mailing Address

SAME

Suite, Apt., etc.

Suite, Apt., etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI

City & State

4. FEI Number

58-2632048

Applied For

Not Applicable

Zip

33136

Country

FL

Zip

Country

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

**TEREM, AMIR
757 NE 77 TERR.
MIAMI FL 33138**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **TEREM, AMIR**
STREET ADDRESS **155 W 81ST ST., #38**
CITY-ST-ZIP **NEW YORK NY 10024** **3L**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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

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

Date

Daytime Phone #

1/29/03 917 407 8851

CR2E083 (10/02)