

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90020 039 *****50.00

DOCUMENT # L01000005240

1. Entity Name

BAY HARBOUR DEVELOPMENT L.L.C.

Principal Place of Business

**250 NORTH HIBISCUS
 MIAMI BEACH FL 33139**

Mailing Address

**250 NORTH HIBISCUS
 MIAMI BEACH FL 33139**

2. Principal Place of Business

101 GULFVIEW DRIVE

Suite, Apt. #, etc.

3. Mailing Address

101 GULFVIEW DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ISLAMORADA, FLORIDA

City & State

ISLAMORADA, FLORIDA

4. FEI Number

65-1124568

Applied For

Not Applicable

Zip

33036

Country

USA

Zip

33036

Country

USA

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KORN, GARY
 20801 BISCAYNE BLVD.
 SUITE 501
 AVENUTRA FL 33180**

7. Name and Address of New Registered Agent

Name

STEVEN MIRMELLI

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

101 GULFVIEW DRIVE

City

ISLAMORADA

FL

Zip Code

33036

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

STEVEN MIRMELLI, MANAGING MEMBER

3/20/02

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

STEVEN MIRMELLI, MANAGING MEMBER

3/20/02

305 5225791

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

Date

Daytime Phone #

CR2E083 (9/01)