

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2002 90020 015 *****55.00

DOCUMENT # L01000006952

1. Entity Name

EXCALIBUR REAL ESTATE, L.C.

Principal Place of Business

**ONE S.E. THIRD AVENUE, SUITE 960
 C/O LESLIE ALAN ROZENCWAIG
 MIAMI FL 33131**

Mailing Address

**ONE S.E. THIRD AVENUE, SUITE 960
 C/O LESLIE ALAN ROZENCWAIG
 MIAMI FL 33131**

2. Principal Place of Business

4692 N.W. 74 Ave

3. Mailing Address

do 1st 3rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 960

City & State

MIAMI, FL

City & State

MIAMI FLA

Zip

33166

Country

U.S.A.

Zip

33131

Country

USA

4. FEI Number

65-1120450

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROZENEWAIG, LESLIE ALAN
 ONE S.E. THIRD AVENUE, SUITE 960
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **LESLIE ALAN ROZENCWAIG, P.A.**

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

1 SE. 3rd Ave

STE 960

City

MIAMI

FL

Zip Code

33131

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

Leslie Alan Rozencwaig

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/12/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME **MGRM**
 STREET ADDRESS **JUAN E. ROHAGOSA**
 CITY-ST-ZIP **4692 N.W. 74 AVE**
MIAMI, FL 33166

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 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

4/3/02

Date

(305) 406-9767

Daytime Phone #

CR2E083 (9/01)