

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0:1000007669

1. Entity Name

3678 PRINCETON PLACE, L.L.C.

Principal Place of Business

1428 BRICKELL AVENUE, PENTHOUSE
MIAMI FL 33131

Mailing Address

1428 BRICKELL AVENUE, PENTHOUSE
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-383-6774

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

MANASTER, JOSHUA D ESO
1428 BRICKELL AVENUE, PENTHOUSE
MIAMI FL 33131

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 (managing)
MARC H BELL
3678 Princeton Place
Boca Raton FL 33496

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 806, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

9/16/02 203.552.9571

Date

Daytime Phone #

FILED
Sep 30, 2002 8:00 am
Secretary of State

02-05-2002 90072 024 ****50.00

09-18-2002 90055 026 ****50.00

09-08-2002 90120 012 ****50.00

DO NOT WRITE IN THIS SPACE