

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000007894

1. Entity Name

85 N.W. 10TH STREET, LLC



FILED

02-24-2003 90057 019 *****50.00

03 MAR 12 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

167 NW 25 Street

Suite, Apt. #, etc.

3. Mailing Address

2121 Ponce De Leon Blvd.

Suite, Apt. #, etc.

#1100

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Coral Gables, Florida

4. FEI Number

65-1105157

Applied For

Not Applicable

Zip

33127

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Michael B. Goldstein MANAGER
2121 Ponce De Leon Blvd., 1100
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Sanford B. Horwitz MANAGER
2121 Ponce De Leon Blvd., 1100
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
David Lombardi MANAGER
167 NW 25th Street
Miami, Florida 33127

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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: X

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

Date

Daytime Phone #

2/19/03

305 695 1600

CR2E083B (12/02)