2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State
01-23-2002 90052 024 ****50.00

DOCUMENT # L01000013735

1. Entity Name
BAY PALM APARTMENTS, L.C.

Principal Place of Business	Mailing Address c/o
2185 N.E. 123RD STREET NORTH MIAMI FL 33181	~~2185 N.E. 123RD STREET~~ ~~NORTH MIAMI FL 33181~~ C/o Mirit Mendelson

909176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	20191 E. Country Clb. Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. #2701
City & State	City & State Aventura, Fl
Zip / Country	Zip 33180 / Country Fl

4. FEI Number 65-1131950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KORN, GARY ESQUIRE
LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD, SUITE 501
AVENTURA FL 33180

7. Name and Address of New 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.

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ILAN MENDELSON 2185 N.E 123RD ST. NORTH MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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 #