

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90041 024 \*\*\*\*50.00

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**DOCUMENT # L01000013818**

1. Entity Name

**PATACON PROPERTIES, L.L.C.**



Principal Place of Business

Mailing Address

9429 HARDING AVE.  
SURFSIDE FL 33154

9429 HARDING AVE.  
SURFSIDE FL 33154

2. Principal Place of Business

3. Mailing Address

11705 Biscayne Blvd  
Suite, Apt. #, etc.

11705 Biscayne Blvd  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33181

Country

USA

Zip

33181

Country

USA

4. FEI Number

65-1132192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPARSTEK, DANIEL  
9429 HARDING AVE.  
SURFSIDE FL 33154

Name

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

11705 Biscayne Blvd

City

Miami

FL

Zip Code

33181

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME NAPARSTEK, ROBERTO D  
STREET ADDRESS 9429 HARDING AVE.  
CITY-ST-ZIP SURFSIDE FL 33154

TITLE  
NAME  
STREET ADDRESS 11705 Biscayne Blvd  
CITY-ST-ZIP Miami FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)