

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013839

1. Entity Name

19TH TERRACE APARTMENTS, LLC

Principal Place of Business

168 SE 1ST ST., STE. 803
MIAMI FL 33131

Mailing Address

P.O. BOX 110223
MIAMI FL 33111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1131226

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

DEEB, KEVIN L ESQ.
2350 CORAL WAY, STE. 401
MIAMI FL 33145-3538

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHERMAN, JEFF
168 SE 1ST ST., STE. 803
MIAMI FL 33131

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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:

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

2/27/02

3053750720

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE