

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90089 046 ****50.00

DOCUMENT # L01000014237

1. Entity Name

CITYBROKERS, L.L.C.



Principal Place of Business

Mailing Address

2875 NE 191ST STREET
TURNBERRY PLAZA, SUITE 801
AVENTURA FL 33180

2875 NE 191ST STREET
TURNBERRY PLAZA, SUITE 801
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

2875 N.E. 191st Street

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 901-A

City & State

City & State

Aventura, Florida

Zip

Country

Zip

Country

33180

U.S.A.

4. FEI Number 65-1136076

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

SERBER, DANIEL J
2875 NE 191ST STREET
TURNBERRY PLAZA, SUITE 801
AVENTURA FL 33180

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRIBIL, JOHN
20355 NE 34 CT 224
MIAMI FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Pribil, John
7000 Island Blvd. 2403
Aventura, Florida 33160 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

7 Jan 2003

305-466-6660

CR2E083 (10/02)