

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90019 010 \*\*\*\*50.00

**DOCUMENT # L01000014458**

1. Entity Name

**5TH STREET DECO BUILDING, LLC**



Principal Place of Business

**161 COLLINS AVE. 2ND FLOOR  
2ND FLOOR  
MIAMI BEACH FL 33139**

Mailing Address

**161 COLLINS AVE. 2ND FLOOR  
2ND FLOOR  
MIAMI BEACH FL 33139**

2. Principal Place of Business

**733 5th Street**

Suite, Apt. #, etc.

3. Mailing Address

**733 5th Street**

Suite, Apt. #, etc.

City & State

**Miami Beach FL**

City & State

**Miami Beach FL**

Zip

**33139**

Country

**US**

Zip

**33139**

Country

**US**

4. FEI Number

**65-1133371**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIDEL, BARRY  
161 COLLINS AVE. 2ND FLOOR  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

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

**733 5th Street**

City

**Miami Beach**

FL

Zip Code

**33139**

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

**2-14-03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
SIDEL, BARRY A  
161 COLLINS AVE., 2ND FLOOR  
MIAMI BEACH FL 33139**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**733 5th Street  
Miami Beach, FL 33139**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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**

**2-14-03**

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

Date

Daytime Phone #

CR2E083 (10/02)