

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90202 004 ****50.00

DOCUMENT # L01000014910

1. Entity Name

APEX DEVELOPMENT GROUP, LLC

Principal Place of Business

**17315 COLLINS AVE.
SUNNY ISLES BEACH FL 33160**

Mailing Address

**17315 COLLINS AVE.
SUNNY ISLES BEACH FL 33160**

965598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

18305 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #402

City & State

City & State

AVENTURA FL.

4. FEI Number

65-1137819

Applied For

Not Applicable

Zip

Country

Zip

Country

33160

U.S.

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

**ROUSSO, MARK E ESQ.
17315 COLLINS AVE.
SUNNY ISLES BEACH FL 33160**

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
**MGR
BENHAMOU, GILBERT
17315 COLLINS AVE.
SUNNY ISLES BEACH FL 33160** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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: GILBERT BENHAMOU

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

Date

Daytime Phone #

4/30/02

305-431-4959

CR2E083 (9/01)