

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90021 022 \*\*\*\*50.00

**DOCUMENT # L01000019268**

1. Entity Name

1233 N.E. FIRST AVENUE, LLC



Principal Place of Business

226 WEST RIVO ALTO  
C/O AVRA JAIN  
MIAMI BEACH FL 33139

Mailing Address

226 WEST RIVO ALTO  
C/O AVRA JAIN  
MIAMI BEACH FL 33139

2. Principal Place of Business

3211 Ponce de Leon Blvd.

3. Mailing Address

3211 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 305

Suite, Apt. #, etc.

Suite 305

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

US

Zip

33134

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0001556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.  
1221 BRICKELL AVE.  
SUITE 2100  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

TITLE MGR  
NAME JAIN, AVRA  
STREET ADDRESS 226 WEST RIVO ALTO  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE MGR  
NAME SCHWALBE, PETER  
STREET ADDRESS 185 MADISON AVE., SUITE 1700  
CITY-ST-ZIP NEW YORK NY 10016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

1/14/03

Date

Daytime Phone #

CR2E083 (10/02)