

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-24-2003 90021 020 ****50.00

DOCUMENT # L01000019270

1. Entity Name

1237 BISCAYNE BOULEVARD, 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.

Suite, Apt. #, etc.

Suite 305

City & State

Coral Gables, FL

Zip
33145

Country
US

3. Mailing Address

3211 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 305

City & State

Coral Gables, FL

Zip
33145

Country
US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

54-2067045

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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)