

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021127

1. Entity Name

BITTNER PLAZA, LLC

FILED
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90015 008 ****50.00

0001516



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8510 N.W. 56TH STREET
MIAMI FL 33166-3329

Mailing Address
8510 N.W. 56TH STREET
MIAMI FL 33166-3329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-280 9621

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

LAMONT & NEIMAN, P.A.
TWO SOUTH BISCAYNE BLVD., SUITE 3550
ONE BISCAYNE TOWER
MIAMI FL 33131

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Michael A. Benesa
5122 W. Knox St
Tampa, FL 33634

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jack Stewart, Jr.
8510 N.W. 56th St
Miami FL 33166

☐ Delete

TITLE
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CITY-ST-ZIP

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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:

SMITH

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

Date

Daytime Phone #

813.886
7-15-02 1477

CR2E083 (4/02)