

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000022213**

1. Entity Name

2250 CORAL WAY LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN -4 PM 3:45

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same

3. Mailing Address

407 LINCOLN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#9L

City & State

City & State

MIAMI BEACH, FL

Zip

Country

Zip

Country

33139

USA

4. FEI Number

65-1160030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Therrel Baisden, P.A.

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

One S.E. 3rd AVENUE

#2400

City

MIAMI

FL

Zip Code

33131

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. **WGR** MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**HAIM WIENER
407 LINCOLN RD. #9L
MIAMI BCH, FL 33139**

TITLE
NAME
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CITY - ST - ZIP

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ID**

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

Date

Daytime Phone #

6/3/02

305-538-6070