

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90196 004 ****50.00

DOCUMENT # L02000001903

1. Entity Name
UNICENTER SHOPPING, LLC



Principal Place of Business
**18206 COLLINS AVE.
SUNNY ISLES, FL 33160**

Mailing Address
**18206 COLLINS AVE.
SUNNY ISLES, FL 33160**

2. Principal Place of Business - No P.O. Box #
9577 Harding Ave.

3. Mailing Address
9577 Harding Ave



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007 Chg-LLC CR2E083 (12/06)

City & State
Surfside FL

City & State
Surfside FL

4. FEI Number
01-0589902

Applied For
Not Applicable

Zip
33154

Country

Zip
33154

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLEIZER, HERNAN J
18206 COLLINS AVE.
SUNNY ISLES, FL 33160**

7. Name and Address of New Registered Agent

Name **Gleizer HERNAN J**
Street Address (P.O. Box Number is Not Acceptable)
9577 Harding Ave.
City **Surfside** **FL** Zip Code **33154**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GLEIZER, HERNAN J**
STREET ADDRESS **18206 COLLINS AVE.**
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE **MGRM** ☐ Delete
NAME **CHOCRON, SADIA D**
STREET ADDRESS **18206 COLLINS AVE.**
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE **P** ☐ Delete
NAME **GLEIZER, MARINA**
STREET ADDRESS **18206 COLLINS AVE.**
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE **P** ☐ Delete
NAME **CHOCRON, ELENA**
STREET ADDRESS **18206 COLLINS AVE.**
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Gleizer HERNAN J**
STREET ADDRESS **9577 Harding Ave Surfside FL 33154**
CITY-ST-ZIP

TITLE **MGRM** ☒ Change ☐ Addition
NAME **CHOCRON SADIA D**
STREET ADDRESS **9577 Harding Ave Surfside FL 33154**
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **Gleizer, Marina**
STREET ADDRESS **9577 Harding Ave Surfside FL 33154**
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **Chocron ELENA**
STREET ADDRESS **9577 Harding Ave Surfside FL 33154**
CITY-ST-ZIP

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #