

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90692 012 ****55.00

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DOCUMENT # L02000007193					
1. Entity Name FAIRVIEW APARTMENTS, LLC					
Principal Place of Business 2400 EAST COMMERCIAL BLVD. SUITE 820 FT. LAUDERDALE FL 33308			Mailing Address 2400 EAST COMMERCIAL BLVD. SUITE 820 FT. LAUDERDALE FL 33308		
2. Principal Place of Business 741 SW 9th Street Suite, Apt. #, etc. 117			3. Mailing Address 8445 SpringTree Drive Suite, Apt. #, etc.		
City & State Pompano Beach FL Zip 33060		City & State Sunrise FL Zip 33351		4. FEI Number 03-0413871	
Country Brodward		Country Brodward		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, THOMAS M 2400 EAST COMMERCIAL BLVD. SUITE 820 FT. LAUDERDALE FL 33308				7. Name and Address of New Registered Agent Name: Constantin Ardelean Street Address (P.O. Box Number is Not Acceptable): 8445 SpringTree Drive City: Sunrise FL 33351	
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: <u>Constantin Ardelean - MGR</u> CONSTANTIN ARDELEAN <u>April 28, 2003</u> 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			10. ADDITIONS/CHANGES		
TITLE	MGR	☒ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	CLARK, THOMAS M		NAME	Constantin Ardelean	
STREET ADDRESS	2400 EAST COMMERCIAL BLVD.		STREET ADDRESS	8445 SpringTree Drive	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME			NAME	Martha Ardelean	
STREET ADDRESS			STREET ADDRESS	8445 SpringTree Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>CONSTANTIN ARDELEAN</u> <u>Constantin Ardelean</u> <u>4/28/03 (954) 742-8960</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

CR2E083 (10/02)