

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90318 048 ****50.00

DOCUMENT # L02000010259

1. Entity Name

LITTLE HAVANA NEIGHBORHOOD PROPERTIES, LLC



Principal Place of Business

Mailing Address

**6526 VIA ROSA
BOCA RATON FL 33433**

**6526 VIA ROSA
BOCA RATON FL 33433**

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

37-1429422

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

**SMOLER, BRUCE J. ESQ.
2611 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

Name

JACK W. ELSBLAT

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

6526 VIA ROSA

City

BOCA RATON

FL

Zip Code **33433**

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

1/14/03

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 **MG-RM**
NAME **JACK W. ELSBLAT**
STREET ADDRESS **6526 VIA ROSA**
CITY-ST-ZIP **BOCA RATON, FLORIDA 33433**

☐ Delete

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STREET ADDRESS
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☐ 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:

[Signature]

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/14/03

CR2E083 (10/02)