

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LC2000020078

JEFFERSON PLAZA MEZZANINE, LLC



OFFICE OF THE
CLERK OF THE
DIVISION OF CORPORATION

03 DEC 22 PM 2:12 LE 1/02/04

Principal Place of Business Mailing Address
1501 COLLINS AVENUE, THIRD FLOOR 1501 COLLINS AVENUE, THIRD FLOOR
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

REINSTATEMENT 2003

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2369726** 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

SUMBERG, JOHN C P.A.
200 SOUTH BISCAYNE BLVD, SUITE 2500
MIAMI FL 33131

Name Andrew Kuyat
Street Address (P.O. Box Number is Not Acceptable)
1501 Collins Avenue 3rd Floor
City Miami Beach FL Zip Code 33139

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 12/15/03

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 MGR ☐ Delete
NAME **ERIC FAZILLEAU**
STREET ADDRESS **1501 COLLINS AVE, 3rd FLOOR**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

☐ Change ☐ Addition
900017896369
05/02/03--01056--019 **50.00

TITLE MGR ☐ Delete
NAME **BERNARD ATTAL**
STREET ADDRESS **1501 COLLINS AVE, 3rd FLOOR**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME **KIRK FRIEDLAND**
STREET ADDRESS **1501 COLLINS AVE, 3rd FLOOR**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME **REINSTATEMENT**
STREET ADDRESS
CITY-ST-ZIP 2003

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

4/29/03

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

Date

Daytime Phone #

0017414

CR2E083 (10/02)