

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90007 038 \*\*\*\*50.00

**DOCUMENT # L02000020916**

1. Entity Name

**ORLANDO SQUARE, LLC**



Principal Place of Business

11672 S.W. 91ST TERRACE  
MIAMI FL 33176-1060

Mailing Address

11672 S.W. 91ST TERRACE  
MIAMI FL 33176-1060

2. Principal Place of Business

2627 Ives Dairy Rd.

Suite, Apt. #, etc.

SUITE 118

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Address

2627 Ives Dairy Rd.

Suite, Apt. #, etc.

SUITE 118

City & State

Aventura, FL

Zip

33180

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2288115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.  
200 SOUTH BISCAYNE BOULEVARD, 43RD FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. **MGMR** MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ROBERT L. SHAPIRO ☐ Delete  
2627 Ives Dairy Rd.  
SUITE 118

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Aventura, FL 33180 ☐ Delete

TITLE  
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CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
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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**

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

Date

Daytime Phone #

4-1-03 305-986-8380

CR2E083 (10/02)