

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

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

05-02-2003 90578 037 *****50.00

0023289

DOCUMENT # L02000023956

1. Entity Name

ALTON BAY, LLC



Principal Place of Business

**SUNTRUST CENTER
515 EAST LAS OLAS BLVD., STE. 850
FT LAUDERDALE FL 33301**

Mailing Address

**SUNTRUST CENTER
515 EAST LAS OLAS BLVD., STE. 850
FT LAUDERDALE FL 33301**

2. Principal Place of Business

3370 NE 190th Street

Suite, Apt. #, etc.

3211

3. Mailing Address

3370 NE 190th Street

Suite, Apt. #, etc.

3211

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

57-1163429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANGELO, BARRY & BOLDT, P.A.
SUNTRUST CENTER
515 EAST LAS OLAS BLVD., STE. 850
FT LAUDERDALE FL 33301**

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. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
Jay M. Levy
3370 NE 190th Street, #3211
Aventura, FL 33180**

☐ Delete

TITLE
NAME
STREET ADDRESS
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10. ADDITIONS/CHANGES

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☐ 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 **Jay M. Levy**

Date

Daytime Phone #

305-466-2996

CR2E083 (10/02)