

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90108 048 ****50.00

DOCUMENT # L02000026480

1. Entity Name

NORTH BEACH PROPERTIES LLC



Principal Place of Business

Mailing Address

**1900 SUNSET HARBOR DRIVE, STE. #1212
MIAMI BEACH FL 33139**

**1900 SUNSET HARBOR DRIVE, STE. #1212
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

6930 RUE VENDOME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State,

Miami Beach, FL

City & State

Zip

33141

Country

USA

Zip

Country

4. FEI Number

14-1851526

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

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FL
MIAMI FL 33145**

Name

THOMAS ASHE

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

1900 SUNSET HARBOR DRIVE APT 1212

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

Thomas Ashe

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ASHE, THOMAS M
1900 SUNSET HARBOR DRIVE, STE. #1212
MIAMI BEACH FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

4/15/03

305-527-6848

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

Date

Daytime Phone #

CR2E083 (10/02)