

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-14-2003 90003 026 ***150.00

DOCUMENT # L02000026835

1. Entity Name

AHSO DOWNTOWN INVESTMENTS, LLC



Principal Place of Business

Mailing Address

**317 OCEAN BLVD.
C/O JOEL HOCHBERG
GOLDEN BEACH FL 33160**

**317 OCEAN BLVD.
C/O JOEL HOCHBERG
GOLDEN BEACH FL 33160**

55032104

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

05-042636

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

**CORP DIRECT AGENTS
103 N. MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE FL 32301**

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

10. ADDITIONS/CHANGES

TITLE NAME **Hochberg ASHO Downtown Investments, LLC, MEMBER** ☐ Delete
STREET ADDRESS **JOEL HOCHBERG, Manager**
CITY-ST-ZIP **317 Ocean Blvd.
Golden Beach, FL 33160**

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

TITLE NAME **Miniaci NOLA, LLC, MEMBER** ☐ Delete
STREET ADDRESS **Albert Miniaci, Manager**
CITY-ST-ZIP **1411 SW 31st Avenue
Pompano Beach, FL 33069**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.

SIGNATURE:

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

April 8, 2003

305-932-7713

Date

Daytime Phone #

CR2003 (10/02)