

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90100 034 \*\*\*\*\*50.00

DOCUMENT # L02000027534

1. Entity Name

P.M. MIDWAY REALTY I, LLC



Principal Place of Business

C/O RICHARD N. KRINZMAN, P.A.  
2601 BAYSHORE DR., 19TH FLOOR  
MIAMI FL 33133

Mailing Address

C/O RICHARD N. KRINZMAN, P.A.  
2601 BAYSHORE DR., 19TH FLOOR  
MIAMI FL 33133

60014566



2. Principal Place of Business

P. M. Associates Inc  
Suite, Apt. #, etc.  
3078 Old STM Lane  
Weston, FL

3. Mailing Address

P. M. Associates Inc  
Suite, Apt. #, etc.  
3078 Old STM Lane  
Weston, FL

☒ CHECK HERE IF MAKING CHANGES

City & State Weston, FL	Zip 33331	Country USA	4. FE# Number 65-0881378	Applied For <input type="checkbox"/> Not Applicable
City & State Weston, FL	Zip 33331	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD N. KRINZMAN, P.A. Legal Information Services  
2601 BAYSHORE DR., 19TH FLOOR  
MIAMI FL 33133  
1290 Weston Road  
Suite 300  
Weston, FL 33324

Name  
~~Ray D. Hoffman~~  
Street Address (P.O. Box Number is Not Acceptable)  
1290 Weston Road Suite 300  
City  
Weston FL Zip Code  
33331

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]* (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 STREET ADDRESS CITY-ST-ZIP	MGR Gloria Martin Family Trust Benita OF Perry Martin 2601 Bayshore Dr. 19th Floor Miami FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gloria Martin Family Trust Benita OF Perry Martin 3078 Old STM Lane Weston FL 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-13-03 954-217-3988

CR2E083 (10/02)