

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

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

04-21-2003 90409 019 ****50.00

DOCUMENT # L02000033865

1. Entity Name

CBP BUILDING FOUR LLC



DO NOT WRITE IN THIS SPACE

30058632

2. Principal Place of Business

2875 NE 191 St.

3. Mailing Address

2875 NE 191 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH 1B

PH 1B

City & State

City & State

Aventura, FL

Aventura, FL

Zip

Country

Zip

Country

33180

USA

33180

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0419860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THEODORE J. Klein

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

88 NE 168 Street

City

North Miami Beach, FL

Zip Code

33162

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Erwin SREDNI - Manager
2875 NE 191 St. PH 1
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Isaac SREDNI - Manager
2875 NE 191 St. PH 1
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jack Azout - Manager
2875 NE 191 St. PH 1
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAUL Gilinski - Manager
2875 NE 191 St. PH 1
Aventura, FL 33180

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**DO NOT WRITE
IN THIS SPACE**

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

4.16.03

Date

305.955.5175

Daytime Phone #

CR2E083B (12/02)