

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

DOCUMENT # L02000034807

1. Entity Name

PALM GARDEN DEVELOPMENT LLC



FILED

03 MAR -5 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1492 S. MIAMI AVE

3. Mailing Address

1492 S. MIAMI AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

43-1995712

Applied For

Not Applicable

Zip

Country

33130

Zip

Country

33130

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAVIER CERVERA

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

1492 S. MIAMI AVE.

City

MIAMI, FL.

FL

Zip Code

33130

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.

2/20/03
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
MANAGING MEMBER
PALM GARDEN OWNERSHIP CORP
1492 S. MIAMI AVE.
MIAMI, FL. 33130

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600013527506
03/05/03--01012--013 **50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
B.H. TRADING, INC.
1110 BRICKELL AVE. SUITE 806
MIAMI, FL. 33131

TITLE
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**DO NOT WRITE
IN THIS SPACE**

M THOMAS

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

MANAGING MEMBER

2/20/03

Date

305-530-0007

Daytime Phone #

CR2E083B (12/02)