

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000535

1. Entity Name
ACQUISITION VENTURES, L.C.

Principal Place of Business
% FIELDSTONE, LESTER AND SHEAR
200 S. BISCAYNE BLVD., SUITE 2100
MIAMI FL 33131-2104

Mailing Address
% FIELDSTONE, LESTER AND SHEAR
200 S. BISCAYNE BLVD., SUITE 2100
MIAMI FL 33131-2104

2. Principal Place of Business
201 Alhambra Circle

3. Mailing Address
201 Alhambra Circle

Suite, Apt. #, etc.

Suite 601

Suite, Apt. #, etc.

Suite 601

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

6. Name and Address of Current Registered Agent

LESTER, PAUL A
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33131-2104

4. FEI Number 65-0576624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

201 Alhambra Circle, Suite 601

City

Coral Gables

FL

Zip Code

33134

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.

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 Department of State

7000004163227--7
-05/08/01--01120--048
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME SILFEN, H. WILLIAM ☐ Delete
STREET ADDRESS 356 GOLFVIEW ROAD
CITY-ST-ZIP N. PALM BEACH FL 33408

TITLE MEM
NAME SARISOHN, BERNARD ☐ Delete
STREET ADDRESS % 2601 S. BAYSHORE DR., SUITE 1600
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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)(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

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

4/20/01

Date

631 475 8767

Daytime Phone #

APPROVED
AND
FILED

01 APR 24 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

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