

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

DOCUMENT # L95000000822

1. Entity Name
PEACEFUL HAVEN HOLDINGS, L.C.

00 JUN 21 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12601 STIRLING RD.
FT. LAUDERDALE FL

Mailing Address

12601 STIRLING RD.
FT. LAUDERDALE FL 33330-3215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0617018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GABLE, MICHAEL P
4000 HOLLYWOOD BLVD.
SUITE 735 SOUTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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.

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

9. MANAGING MEMBERS/MEMBERS

TITLE	MEM	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ALBERTO E	
STREET ADDRESS	6530 MIAMI LAKEWAY SOUTH	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	FERNANDEZ, BLANCA	
STREET ADDRESS	6530 MIAMI LAKEWAY SOUTH	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	FERNANDEZ, NELSON	
STREET ADDRESS	6100 HOLLYWOOD BLVD., STE-206	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ALBERTO JR	
STREET ADDRESS	6100 HOLLYWOOD BLVD., STE-206	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alberto E. Fernandez	
STREET ADDRESS	6001 N OCEAN DR. # 1701	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blanca Fernandez	
STREET ADDRESS	6001 N OCEAN DR. #1701	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson Fernandez	
STREET ADDRESS	10001 NW 1st Ct.	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alberto Fernandez	
STREET ADDRESS	10061 NW 1st Ct.	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*****50.00 *****50.00

☐ Change ☐ 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:

Blanca Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/24/00 (954) 983-6399

CR2E083 (9/99)