

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001731 AF

DOCUMENT # L96000000796

1. Entity Name  
COLLECTIONE PRIVE', L.C.

FILED

00 JAN 27 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1627 SNOW CIRCLE W.  
TAMPA FL 33606

Mailing Address  
16200 N.W. 84TH AVE.  
MIAMI FL 33016-6128



2. Principal Place of Business

3. Mailing Address

Tampa 1627 Snowl. W.  
Suite, Apt. #, etc.

16200 N.W. 84th Ave  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tampa FL.

City & State  
Miami FL.

4. FEI Number  
59-3401321

Applied For  
Not Applicable

Zip  
33606

Country  
U.S.A.

Zip  
33016

Country  
U.S.A.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREISS, AMIRA  
16200 N.W. 84TH AVE.  
MIAMI FL 33016

Name

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

SAME

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEM  
PREISS, ROBERT  
16200 N.W. 84TH AVE.  
MIAMI FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500003119585--7  
-02/01/00--01130--008

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PREISS, AMIRA  
16200 N.W. 84TH AVE.  
MIAMI FL 33016

TITLE  
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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 REQUIRED

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

1/8/00

Date

(305) 826-1331

Daytime Phone #

CR2E083 (9/99)