

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90026 023 ****50.00

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DOCUMENT # L96000001084

1. Entity Name

L.A.M.A. LAND MANAGEMENT, L.C.



Principal Place of Business

**13755 OVERSEAS HIGHWAY
MARATHON FL 33050**

Mailing Address

**12864 BISCAYNE BLVD.
PMB #330
N. MIAMI BEACH FL 33181-2007**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0880086**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIBER, NETA L

**13755 OVERSEAS HIGHWAY
MARATHON FL 33050**

Name

SVETLANA VAISMAN

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

12864 Biscayne Blvd # 330

City

N. Miami Beach

FL

Zip Code

33187

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAISMAN, SVETLANA 13755 OVERSEAS HIGHWAY MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM / mem VAISMAN, DAVID 13755 OVERSEAS HIGHWAY MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SUAREZ, ELIO M 13755 OVERSEAS HIGHWAY MARATHON FL 33050	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SUAREZ, MARVELIS 13755 OVERSEAS HIGHWAY MARATHON FL 33050	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIKE VAISMAN MGRM 12864 Biscayne Blvd #330 N. Miami Beach FL 33187	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FFRT (Flor. Fam Rev Trust) MGRMS VAISMAN FOR MEMBERS OF FAMILY 13755 OVERSEAS HIGHWAY MARATHON FL 33050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

SVETLANA VAISMAN **7/10/03**

CR2E083 (4/03)