

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000214

1. Entity Name

RAKEL PROPERTIES. L.C.

FILED

01 APR -9 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O NORMAN LEOPOLD. ESQUIRE  
20801 BISCAYNE BOULEVARD, SUITE 501  
AVENTURA FL 33180

Mailing Address

C/O NORMAN LEOPOLD. ESQUIRE  
20801 BISCAYNE BOULEVARD, SUITE 501  
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0731735

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, NORMAN ESQ  
20801 BISCAYNE BOULEVARD  
SUITE 501  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name STEVEN R. BLECKER

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

899 W. CYPRESS CREEK RD., SUITE 321

City FORT LAUDERDALE

FL

Zip Code 33309

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

*Steven R. Blecker*

Steven R. Blecker

March 27, 2001

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 NAME MGR  
STREET ADDRESS GUTTMAN, JOSE  
CITY-ST-ZIP AVE. SOUBLETTE ED. SAVOYA, APT. B-1  
CARACAS, VENEZUELA OC ☐ Delete

TITLE NAME MGR  
STREET ADDRESS GUTTMAN, RAQUEL  
CITY-ST-ZIP AVE. SOUBLETTE ED. SAVOYA, APT. B-1  
CARACAS, VENEZUELA OC ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200004014382--6  
-04/17/01--01110--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: X

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

X Apr 2, 2001

Date

Daytime Phone #

305-6083391

CR2E083 (11/00)