

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90024 008 ****50.00

DOCUMENT # L97000000214

1. Entity Name

RAKEL PROPERTIES, L.C.

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**

2. Principal Place of Business

**3610 Yacht Club Dr.
Suite, Apt. #, etc.
1005**

3. Mailing Address

**3610 Yacht Club Dr.
Suite, Apt. #, etc.
1005**

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-0731735**

Applied For
Not Applicable

Zip
33180-3545

Country
U.S.A.

Zip
33180-3545

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**BLECKER, STEVEN R
899 W. CYPRESS CREEK RD., SUITE 321
FT LAUDERDALE FL 33309**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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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
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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: **X** **REGUTTMAN Raquel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Feb 4, 2002 305 6829504
Date Daytime Phone #

CR2E083 (9/01)