

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

mom

DOCUMENT # L97000000332

1. Entity Name
POINCIANA LAND INVESTMENTS, L.C.

Principal Place of Business
7525 N.W. 8 STREET, SUITE 201
MIAMI FL 33126

Mailing Address
7525 N.W. 8 STREET, SUITE 201
MIAMI FL 33126-2914

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

65-0741963

Applied For

Not Applicable

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

LAGE, GONZALO M
7525 N.W. 8 STREET, #201
MIAMI FL 33126

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COHEN, MARK D
4000 HOLLYWOOD BLVD STE 485
HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
300003229003--0
04/28/00--01077--009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LAGE, GONZALO M
7525 N.W. 8 STREET, #201
MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CHALBAUD, LUIS RAMON
520 BRICKELL DRIVE, #1007
MIAMI FL 33131 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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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:

Gonzalo M. Lage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Managing Member

4/12/2000 (305) 267-9954
Date Daytime Phone #

0002896

AF

CR2E083 (9/99)