

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

6500 N.W. 72 Avenue

Suite, Apt. #, etc.

3. Mailing Address

6500 N.W. 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

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

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

NEW

7. Name and Address of New Registered Agent

Name

SAME REGISTERED AGENT

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

6500 N.W. 72 Avenue

City

Miami

FL

Zip Code

33166

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.

(NOT) Registered Agent signature required when reinstating

5000004218945-1

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

-05/15/01--01146--016
*******55.00 *****55.00**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, MARK D 4000 HOLLYWOOD BLVD STE 485 HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAGE, GONZALO M 7525 N.W. 8 STREET, #201 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHALBAUD, LUIS RAMON 520 BRICKELL DRIVE, #1007 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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 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

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, Managing Partner**

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

4/25/01

(305) 436-9787

Date

Daytime Phone #

FILED

01 APR 27 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)