

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000698

1. Entity Name

THE MIAMI BEACH CLUB, L.C.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90078 048 *****50.00

Principal Place of Business

1688 MERIDAN AVENUE
SUITE 506
MIAMI BEACH FL 33139

Mailing Address

1688 MERIDIAN AVE
SUITE 506
MIAMI BEACH FL 33139

330000

2. Principal Place of Business

3. Mailing Address

18305 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 402

City & State

City & State

AVENTURA, FL.

Zip

Country

Zip

Country

33160

US

4. FEI Number

65-0924106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTERED AGENTS OF FLORIDA LLC
100 SE SECOND ST
SUITE 3500
MIAMI FL 33131

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BENHAMOU, GILBERT
1688 MERIDAN AVENUE SUITE 506
MIAMI BEACH FL 33139

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GABRIELLA HALE
18305 BISCAYNE BLVD, #402
AVENTURA, FL. 33160

☐ Change

☒ Addition

TITLE
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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: GABRIELLA HALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/02 305-931-4959
Date Daytime Phone #

CR2E083 (9/01)