

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001517

1. Entity Name

BELVIEW PLAZA, L.L.C.

FILED

00 JAN 25 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9200 SOUTH DADELAND BLVD., SUITE 500
MIAMI FL 33156

Mailing Address

9200 SOUTH DADELAND BLVD., SUITE 500
MIAMI FL 33156-2713

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0866814

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

KEY CORPORATE SERVICES, INC.
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Robert Spielman
Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Blvd
Suite 500
City Miami FL Zip Code 33156

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

TITLE NAME ☐ Delete
STREET ADDRESS MGRM EQUITYLINE FINANCIAL GROUP, INC.
CITY-ST-ZIP 9200 SOUTH DADELAND BLVD., SUITE 500
MIAMI FL 33156

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003117685--7
CITY-ST-ZIP -02/01/00--01035--021

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

305-670-9700