

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001666

1. Entity Name
INTERNATIONAL HOMES-PRESERVE, L.C.

Principal Place of Business

5220 NW 107TH AVE.
MIAMI FL 33178

Mailing Address

5220 NW 107TH AVE.
MIAMI FL 33178

2. Principal Place of Business

3232 Coral Way

Suite, Apt. #, etc.

3. Mailing Address

3232 Coral Way

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33145

Country

Dade

Zip

33145

Country

Dade

4. FEI Number

65-0860995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STRELITZ, BRIAN L
5220 NW 107TH AVE.
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name: Strelitz, Brian L

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

3232 Coral Way

City

MIAMI

FL

Zip Code

33145

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: MGR
NAME: STRELITZ, BRIAN L
STREET ADDRESS: 5220 NW 107TH AVE.
CITY-ST-ZIP: MIAMI FL 33178

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

10. ADDITIONS/CHANGES

TITLE: MGR
NAME: Strelitz, Brian L
STREET ADDRESS: 3232 Coral Way
CITY-ST-ZIP: MIAMI FL 33145

☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
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:

SIGNATURE REQUIRED

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

3-6-01

Date

305-444-5638

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 12 AM 11:03



DO NOT WRITE IN THIS SPACE

0009643 AF

CR2E083 (11/00)