

# 2001 UNIFORM BUSINESS REPORT (UBR)

000148 AF

DOCUMENT # L98000001809

1. Entity Name  
DONNA-MAR L.L.C.

FILED

01 JAN 29 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O CYRUS S. WEST  
1111 LINCOLN ROAD, SUITE 800  
MIAMI BEACH FL 33139

Mailing Address  
C/O CYRUS S. WEST  
1111 LINCOLN ROAD, SUITE 800  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

C/O CYRUS S. WEST  
Suite, Apt. #, etc.  
1111 LINCOLN RD. #400

C/O CYRUS S. WEST  
Suite, Apt. #, etc.  
1111 LINCOLN RD. #400

City & State  
MIAMI BEACH FLA

City & State  
MIAMI BEACH FLA.

Zip 33139 Country USA

Zip 33139 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0862653 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

WEST, CYRUS S  
1111 LINCOLN ROAD, SUITE 800  
MIAMI BEACH FL 33139

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 WEST, CYRUS S 1111 LINCOLN ROAD, SUITE 800 MIAMI BEACH FL 33139	<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
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	1111 LINCOLN Road, Suite 400	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003631986-5 -02/05/01--01009--005 *****50.00 *****50.00	<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:

SIGNATURE OF MANAGING MEMBER 1/12/2001

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

Date

Daytime Phone #

CR2E083 (11/00)