

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L 9800000 2004**

1. Entity Name  
**16590 DEVELOPERS L.C.**

Principal Place of Business  
**169 E. Flagler St. Suite 1035  
MIAMI, FL 33131**

Mailing Address  
**169 E Flagler St. Suite 1035  
Miami, FL 33131**

FILED

01 MAR 22 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
**169 E. FLAGLER ST.**

3. Mailing Address  
**169 E. FLAGLER ST.**

Suite, Apt. #, etc.  
**SUITE 1033**

Suite, Apt. #, etc.  
**SUITE 1033**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33131**

Country  
**U.S.A.**

Zip  
**33131**

Country  
**U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0872880**

Applied For  
☐

Not Applicable  
☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSE, ELLEN**  
**THERESA BAISDEN, P.A.**  
**ONE SE Third Ave, Suite 2400**  
**Miami, FL 33131**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**500003911905--7**  
**-03/27/01--01055--004**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WITZ NITZER, FRIDA 169 E. Flagler St. #1033 Miami, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FELDMAN DE WAGENBERG, REBECCA 169 E Flagler St. #1033 Miami, FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR AVINAMI, ETAMAR 169 E. Flagler St. #1033 Miami, FL 33131</b>	<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: **Rebecca W. Wagonberg** **3-09-01 305-5364854**

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

Date Daytime Phone #

CR2E083 (11/00)