

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002080

1. Entity Name
EMERALD-NILE REALTY L.L.C.

APPROVED
AND
FILED

00 APR 18 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O ELIOT NISENBAUM
2555 COLLINS AVENUE, APT. 911
MIAMI FL 33140

Mailing Address

C/O ELIOT NISENBAUM
2555 COLLINS AVENUE, APT. 911
MIAMI FL 07024-5900

2. Principal Place of Business

3. Mailing Address

12750 NW 27TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OPA LOCKA FL

Zip

Country

Zip

33054

Country

DADE

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0868116

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

NISENBAUM, ELIOT C
2555 COLLINS AVENUE, APT. 911
MIAMI BEACH FL 33140

Name

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

12750 NW 27TH AVE

City

OPA LOCKA

FL

Zip Code

33054

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
NISENBAUM, ELIOT C
2555 COLLINS AVENUE, APT. 911
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12750 NW 27TH AVE
OPA LOCKA, FL 33054 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003238785--9
-05/03/00--01156--023
*****50.00--*****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)