

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

303645 AF

DOCUMENT #

295000002088

1. Entity Name

ATLANTIC BEL-AIRE, L.C.

00 JUN -2 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1688 MERIDIAN AVENUE, SUITE 506
MIAMI BEACH FL 33139

Mailing Address

1688 MERIDIAN AVENUE, SUITE 506
MIAMI BEACH FL 33139-2700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0876236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLNER, ROBIN I ESQ.

BEDZOW, KORN, BROWN, MILLER & ZEMEL, P.A.

20803 BISCAYNE BLVD., SUITE 200

AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

ST ZIP

MGR
RADO, FREDERIC
1688 MERIDIAN AVENUE, SUITE 506
MIAMI BEACH FL 33139

☐ Delete

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NAME
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CITY - ST - ZIP

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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 #

CR2E083 (9/99)