## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** May 12, 2002 8:00 am Secretary of State DOCUMENT # L9800002484 1. Entity Name 05-12-2002 90582 022 \*\*\*\*50.00 **NEW TOWN LLC** Principal Place of Business Mailing Address 1400 NW 107 AVENUE 1400 NW 107 AVENUE 957529 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0893799 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVY, JOEL Street Address (P.O. Box Number is Not Acceptable) 1400 NORTHWEST 107TH AVENUE MIAMI FL 33172-2704 City Zip Code FL 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition NAME ADLER, MICHAEL M NAME STREET ADDRESS 1400 NORTHWEST 107TH AVENUE STREET ADDRESS CITY-ST-7IP MIAMI FL 33172-2704 CITY-ST-ZIP TITLE Delete EV TITI F Addition Change 1 NAME LEVY, JOEL NAME STREET ADDRESS 1400 NORTHWEST 107TH AVENUE STREET ADDRESS CITY-ST-7IP MIAMI FL 33172-2704 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME ARRIZURIETA, LUIS NAME STREET ADDRESS 1400 NORTHWEST 107TH AVENUE STREET ADDRESS CITY-ST-ZIF MIAMI FL 33172-2704 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARRIS, BRETT W NAME STREET ADDRESS 1400 NORTHWEST 107TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172-2704 CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition ADLER, LINDA K NAME STREET ADDRESS 1400 NORTHWEST 107TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172-2704 CITY-ST-ZIP TITLE ☐ Delete TITLE Change X Addition NAME Adler Michael M. NAME STREET ADDRESS 1400 NW 107 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33172 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 of the repetited empowered to execute this report as required by Chapter 608. Florida Statutes.

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