

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # L98000002909

1. Entity Name  
BISCAYNE BAY TOWER, LLC.

00 APR 13 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
700 51ST STREET 700 51ST STREET  
MIAMI FL 33140 MIAMI FL 33140-2615



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0881795 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
MARINI, RONALD A ESQUIRE  
ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BLVD., #3580  
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 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  
TITLE NAME MGR PRYOR, WILLIAM  
STREET ADDRESS 700 51ST STREET  
CITY- ST- ZIP MIAMI FL 33140  
Delete  
TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete  
TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete  
TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete  
TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Delete

10. ADDITIONS / CHANGES  
TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition  
3000003223709-2  
-04/25/00-01097-022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
Change Addition  
TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition  
TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
Change Addition  
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: X SIGNATURE REQUIRED WILLIAM PRYOR, MANAGER 4/5/00 305-866-4449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)