

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 30 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002995

1. Entity Name

FLORIDA PROPERTY INVESTMENT & MANAGEMENT, L.C.

Principal Place of Business  
c/o THOMAS M. PARKER, ESQ.  
100 SE SECOND STREET,  
17TH FLOOR  
MIAMI, FL 33131

Mailing Address  
c/o THOMAS M. PARKER, ESQ.  
100 SE SECOND STREET,  
17TH FLOOR  
MIAMI, FL 33131

2. Principal Place of Business  
c/o PATRICK E. GONYA, ESQ.  
Suite, Apt. #, etc.  
100 SE 2ND STREET, 17 FLOOR  
City & State  
MIAMI, FL  
Zip  
33131

3. Mailing Address  
c/o PATRICK E. GONYA, ESQ.  
Suite, Apt. #, etc.  
100 SE 2ND STREET, 17 FLOOR  
City & State  
MIAMI, FL  
Zip  
33131

DO NOT WRITE IN THIS SPACE

4. FEI Number  
52-2153203

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

PARKER, THOMAS M.  
100 SE SECOND STREET. 17th FLOOR  
MIAMI, FL 33131

Name  
GONYA, PATRICK E.  
Street Address (P.O. Box Number is Not Acceptable)  
100 SE 2ND STREET, 17th FLOOR  
City  
MIAMI  
FL  
Zip Code  
33131

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 *Patrick E. Gonya* PATRICK E. GONYA  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)  
DATE 5/24/00

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 LAVI, ARIEL 3A JABOTINSKY STREET RAMAT-GAN, ISRAEL 52520	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAVI, ARIEL 3A JABOTINSKY STREET RAMAT-GAN, ISRAEL 52520	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SEA RICHES HOLDINGS LIMITED 24 DE CASTRO STREET, AKARA BLDG. TORTOLA, BRITISH VIRGIN ISLANDS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003291401 -06/15/00--01071--014 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *David Fil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date 4/24/2000 Daytime Phone #

CR25083 (11/00)