

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90038 041 \*\*\*\*\*50.00

0013292

**DOCUMENT # L98000003244**

1. Entity Name

**BAYFRONT VALET, L.L.C.**



Principal Place of Business

Mailing Address

**301 BISCAYNE BLVD.  
MIAMI FL 33131**

**100 S. BISCAYNE BLVD., STE 850  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

**3050 Biscayne Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1006**

**Suite 1006**

City & State

City & State

**Miami FL**

Zip

Country

Zip

Country

**33137**

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0885979**

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

**HUDSON, PHILLIP M III  
80 SW 8TH ST., STE. 3100  
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGP  
BAUM, JERRY  
100 S. BISCAYNE BLVD., STE 850  
MIAMI FL 33131**

☐ Delete

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

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/16/03**

Date

**605-341-7738**

Daytime Phone #

CR2E083 (10/02)