

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L98000003346

1. Entity Name
PERLE DU LAC CONDOMINIUMS, L.L.C.

00 APR 28 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2414 MANDAN TRAIL
WINTER PARK FL 32789

Mailing Address
2414 MANDAN TRAIL
WINTER PARK FL 32789-1319



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MDM

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3550321

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

BEN-ZEEV, RON S
2414 MANDAN TRAIL
WINTER PARK FL 32789

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/24/00
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003250038--3
-05/12/00--01025--011
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME MGR
STREET ADDRESS AAA DEVELOPMENT, L.L.C.
CITY- ST- ZIP 2414 MANDAN TRAIL
WINTER PARK FL 32789 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/00
Date

407 619 5875
Daytime Phone #

C-2-E083 (9/99)